

STATE OF CALIFORNIA  
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

**Patient Discharge Data  
File Documentation  
January-December 2004**

**PUBLIC VERSION**

**COMMA-DELIMITED TEXT FORMAT**

**CD-ROM**

**July 2005**

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# CALIFORNIA PATIENT DISCHARGE DATA

## January-December 2004

### INTRODUCTION

#### Patient Discharge Data: Public Patient-Level Dataset

The California Office of Statewide Health Planning and Development (OSHPD) provide a public dataset of the Patient Discharge Database available for purchase on compact disc (CD). The data is made available by OSHPD once it has been screened by the automated reporting software and corrected by the individual hospitals. The public patient-level dataset includes patient zip code, demographic variables and clinical information.

The public dataset is comprised of a record for each inpatient discharged from a licensed acute care hospital. This includes: General Acute Care Hospitals, Acute Psychiatric Hospitals, Chemical Dependency Recovery Hospitals, and Psychiatric Health Facilities. (Note: the only exceptions are records not reported by some California State Hospitals; see the State Hospitals discussion on page four.)

The patient discharge dataset is available for discharges in each calendar year. The data on CD-ROM are stored on one CD containing three zipped data files and a full set of documentation files. The discharge records are divided into three sets by the geography of the reporting hospitals. One file contains discharge records from hospitals in Los Angeles County, another file contains discharges from the seven other counties in Southern California and the third file contains discharges from hospitals in the remaining 50 Northern California Counties.

#### MASKED VARIABLES

To protect patient confidentiality, those records with unique combinations of a select set of demographic variables will have one or more of those variables masked to make sure the files are de-identified. Each unique record will have the minimum number of fields masked to ensure it is no longer unique. The variable masking will occur in the following order:

ORDER OF MASKING	DATA FIELDS SUBJECT TO MASKING
1 <sup>st</sup>	Age in years (at admission)
2 <sup>nd</sup>	Ethnicity
3 <sup>rd</sup>	Race
4 <sup>th</sup>	Sex
5 <sup>th</sup>	Age Category 20 (20 Age Categories)
6 <sup>th</sup>	Age Category 5 (5 Age Categories)
7 <sup>th</sup>	Small County Groups*
8 <sup>th</sup>	Admit Quarter
9 <sup>th</sup>	Patient Zip Code **
10 <sup>th</sup>	OSHPD ID
	<i>*Small counties with total populations of 30,000 or less are grouped into 3 categories: Central (CE), Northeastern (NE), and Northwestern (NW). Ten counties were grouped in 2003: Central: Alpine, Inyo, Mariposa, Mono; Northeastern: Modoc, Plumas, Sierra; Northwestern: Colusa, Glenn, and Trinity.</i>
	<i>**Five-digit zip will be masked to three-digits; if record is still unique, zip will be totally masked with an asterisk.</i>

General assistance is available by calling OSHPD's Healthcare Information Resource Center at (916) 322-2814.

**CALIFORNIA PATIENT DISCHARGE DATA**  
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**Public Discharge Dataset**

<b>Data Fields in 2004 Public Discharge Dataset</b>	<b>Percent Remaining Unmasked For Variables Subject to Masking</b>
Hospital Identification Number	100.0%
Type (level) of Care	
Age in Years	53.7%
Age (20 Categories)	86.6%
Age (5 Categories)	93.2%
Sex	81.7%
Ethnicity	69.9%
Race	73.8%
Zip Code (5 digits masked to 3 digits)	98.3%
Zip Code (3 digits masked to 0 digits)	99.6%
County of Patient's Residence (or Small County Groups)	100.0%
Length of Stay	
Quarter Admitted	96.6%
Year Admitted	
Source of Admission	
Type of Admission	
Disposition of Patient	
Pre-hospital Care and Resuscitation (Do Not Resuscitate Order)	
Expected Principal Source of Payment - Payer Category	
Expected Principal Source of Payment - Type of Coverage	
Expected Principal Source of Payment - Plan Code Number	
Total Charges	
Principal External Cause of Injury (E-Code)	
Other External Cause of Injuries (up to 4 Other E-Codes)	
Major Diagnostic Category	
Diagnosis Related Group	
Principal Diagnosis	
Condition Present at Admission (for Principal Diagnosis)	
Principal Procedure	
Days from Admission to Principal Procedure	
Other Diagnoses (24 Other Diagnoses)	
Condition Present at Admission (for Other Diagnoses)	
Other Procedures (20 Other Procedures)	
Days From Admission to Other Procedures	

## CALIFORNIA PATIENT DISCHARGE DATA

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#### **IMPORTING NOTES**

The fields listed below contain numeric codes, which are not numeric values; most PC software will treat these fields as numeric values unless formatted otherwise. Thus, when importing the data into your software, these fields should be formatted as text or alphanumeric to retain the leading and trailing zeros. Also, when a text variable is masked, the field value is an asterisk, which may cause errors if imported as numeric.

- OSHPD-Hospital Identification Number
- 5 Age Category and 20 Age Category Fields
- Sex
- Ethnicity
- Race
- Patient Zip Code
- County of Patient's Residence
- Admission Quarter
- Expected Principal Source of Payment – Plan Code Number
- MDC
- DRG
- **All** diagnosis code fields (principal and other)
- **All** procedure code fields (principal and other)

It is especially important that all Diagnosis and Procedure code fields be formatted as “text.” These fields are comprised of ICD-9-CM codes, some of which begin with alpha characters that cannot be read if not formatted as text. Also, many ICD-9-CM codes have leading and/or trailing zeros. For example, the ICD-9-CM code for *Salmonella Gastroenteritis* is “003.0”. If it is not formatted as text, it will appear as “3”, which is the numeric value, but is not the valid diagnostic code for *Salmonella Gastroenteritis*.

It is not absolutely essential but is recommended, to maintain leading zeros in the other codes that contain leading zeros (Hospital Identification Number, Patient's County of Residence, MDC, DRG, and Payer Plan Code Number). When these fields are formatted as “text,” the number of digits in each respective field will then remain constant. For example, Alameda County will then appear as “01”, rather than “1”, and will contain two digits like the other 2-digit county codes (Fresno through Yuba, 10 through 58, respectively).

#### **Comma Delimited Data Format:**

In the comma-delimited set, the length of each field and the length of each record will vary according to the data reported. To assist you in using the comma delimited patient discharge data sets, a header row identifying each data element is provided in the position of the first record.

Each data element is separated by a comma and is defined and described in this documentation. In Appendix H, there is a table listing the Field Label (used in the header row), Field Name, Field Type (format), and Maximum Number of Characters.

Fields with no data will have consecutive delimiters (commas). Most PC software will have no difficulty with consecutive delimiters. However, some software packages may handle consecutive delimiters as a single delimiter and adjustments will need to be made.

Note: It is possible for some invalid values to remain in the database “as reported” by the hospital, due to a lack of database enforced integrity. This means that for some observations, you may find blank values, invalid alpha characters in numeric fields, out-of-range numeric values, etc.

# CALIFORNIA PATIENT DISCHARGE DATA

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### **FACILITY EXCEPTIONS**

#### **State Hospitals:**

Through the first half of 1989, the database included twelve state hospitals. As of July 1989, the eleven operated by the Department of Mental Health or the Department of Developmental Services, serving mentally disordered and developmentally disabled patients, no longer report discharge data. The twelfth, the Veterans Home of California, Nelson M. Holderman Memorial Hospital, in Yountville has continued to report discharge data. Records from this hospital can be located using the Hospital Identification Number "281297."

#### **Psychiatric Health Facilities:**

Psychiatric Health Facilities, which provide care in licensed Acute Psychiatric beds, are subject to the same reporting requirements as other California hospitals. This type of hospital was first licensed in California in 1988. Patient discharge data for 1989 and for January through June 1990 included data from six Psychiatric Health Facilities; data for July through December 1990 include data from all but one of the 16 licensed Psychiatric Health Facilities. All of these facilities started reporting their patient discharge data beginning in 1991.

#### **Modifications and Non-Compliant Facilities:**

Some hospitals have applied for and been granted "modifications" to standard Patient Discharge Data reporting requirements. Other hospitals were unable to complete specific fields as required and were deemed "non-compliant" at the time of reporting. See Appendix D (Data Exceptions) for a listing of all non-compliant hospitals and those with approved modifications and their affected variables.

#### **Formerly Freestanding Facilities on Parent Facility Licenses (Consolidated Licensure):**

Beginning in the mid-1980s, via the Consolidated Licensure Act, the Department of Health Services began merging formerly separately licensed hospitals and nursing homes onto the licenses of "parent" hospitals. To become "Consolidated," certain conditions had to be met, including common ownership and medical staff, and the locations had to be within 15 miles. Beginning in the 1990s, formerly separately licensed locations (including some existing consolidated satellite locations) now appear as "Distinct Part Facilities" on their parent facility's license.

*Appendix F, Hospital Listing*, lists all patient discharge data "reporting entities." For "Consolidated" reporting entities, the "Facility Name" is plural (e.g., Medical Centers, Hospitals), and the numbers of consolidated locations are displayed. (The ZIP codes and counties noted each belong to the Parent location. Some "Consolidations" cross county boundaries.)

As each set of consolidated locations shares the same license, they also share the same license number. To view specific licenses, on the Internet, go to the OSHPD ALIRTS page, [www.alirts.oshpd.ca.gov](http://www.alirts.oshpd.ca.gov). At the first ALIRTS screen, enter the license number, facility name, or OSHPD\_ID number in the search window and click "Search." At the next screen, click on "View License." (Also, at this screen you can click on "View Reports" to see their most recent Annual Utilization data submitted.)

The discharges reported for each single, parent, and satellite facility is unique to that location. The only merged sets of discharges are those noted as from "Consolidated Facilities."

# CALIFORNIA PATIENT DISCHARGE DATA

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### VARIABLE CHANGES OVER TIME

#### Hospital Identification Number:

The first six characters of each record contain the "Hospital Identification Number". Beginning with data reported for 1995, this former nine-digit hospital identification number was shortened to six digits. The former first digit, that indicated the type of care reported, has been made a separate data element (Type of Care) and is described below. The former filler number "06" (2<sup>nd</sup> and 3<sup>rd</sup> digits) has been dropped. Thus the hospital identification number now consists of six digits. The first two indicate the county number and the last four are unique to a facility within each county.

#### Type of Care:

The second field on each record is a single digit field that describes the "Type of Care" ("Level of Care" in 1995 and 1996) from which the patient was discharged. See Type of Care codes and labels on page 7.

Beginning with 1997 data, hospitals were required to report one of five Types of Care for each discharge. For the 1995 and 1996 data years, hospitals were required to assign, to each discharge, one of three Levels of Care ("3" for Long Term Care, "6" for Rehabilitation Care and "1" for all other types of care). Prior to 1995, discharges were optionally reported in sets, by one of the five Types of Care. Most hospitals chose to include all discharges, regardless of the type of care, in one set (usually acute care).

*Note: there has never been a Type of Care or Level of Care code "2".*

HISTORICAL SUMMARY OF FORMAT AND CONTENT CHANGES PATIENT DISCHARGE DATA COLLECTION PROGRAM	
DATA ITEM:	ACTION / EFFECTIVE DATE:
E-Code	Added - July 1990
Social Security Number	Added - July 1990
Record Linkage Number (Encrypted SSN)	Added - July 1990
Zip Code for Homeless (ZZZZZ)	Added - November 1993
Hospital Identification Number (from 9 to 6 digits)	Changed - January 1995
Level of Care (see <i>Type of Care, below</i> )	Added - January 1995
Ethnicity/Race	Changed - January 1995
Source of Admission	Expanded - January 1995
Type of Admission	Changed - January 1995
Procedure Dates (for all reported procedures)	Added - January 1995
Patient Disposition	Expanded - January 1995
Expected Source of Payment:	Changed - January 1995
	Expanded - January 1999
Principal Diagnosis-Condition Present at Admission	Added - January 1996
Other Diagnoses-Condition Present at Admission	Added - January 1996
Type of Care ( <i>formerly Level of Care</i> )	Changed - January 1997
Pre-hospital Care & Resuscitation (Do Not Resuscitate Order)	Added - January 1999

**CALIFORNIA PATIENT DISCHARGE DATA**  
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**MISSING/INVALID DATA VALUES**

Invalid or missing values (submitted below the error tolerance level) are defaulted to “unknown.” The table below displays default numbers and percentages.

Default Status	Numbers of Records	Percent of Records
Not Defaulted	3,948,168	99.76%
One Variable Defaulted	9,195	.23%
Multiple Variables Defaulted	277	.01%

Other data exceptions are listed by hospital in *Appendix D, Data Exceptions*.



**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 2004**

**HOSPITAL IDENTIFICATION NUMBER**

FIELD NAME : OSHPD\_ID

DEFINITION : A unique six-digit identifier assigned to each facility by the Office of Statewide Health Planning and Development. The first two digits indicate the county in which the hospital is located. The last four digits are unique within each county.

**CODES, CATEGORIES AND COMMENTS:**

A - 99 = 01-58 = County Codes (see Appendix A)  
B - 9999 = 0001-9999 = Unique Hospital Identifier (within county)

OSHPD Facility ID Number will be the 9th variable masked if necessary to de-identify unique patient records by replacing code with an asterisk.

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 2004**

**TYPE OF CARE**

FIELD NAME : TYP\_CARE

DEFINITION : Defined by the California Health and Safety Code, this refers to the licensure of the bed occupied by an inpatient. The types of care are documented on the official license issued by Licensing and Certification of the California State Department of Health Services.

**CODES, CATEGORIES AND COMMENTS:**

<u>Code</u>	<u>Category</u>	<u>Licensed Bed Classification/Designation</u>
1 =	Acute Care	General Acute Care
3 =	Skilled Nursing/Intermediate Care	Skilled Nursing/Intermediate Care (a.k.a. Long Term Care)
4 =	Psychiatric Care	Acute Psychiatric Care
5 =	Chemical Dependency Recovery Care	Chemical Dependency Recovery Hospital/Service
6 =	Physical Rehabilitation Care	Rehabilitation Center, a bed designation within the General Acute Care classification.

All other values for Type of Care are not considered valid.

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 2004**

**AGE IN YEARS (at Admission)**

FIELD NAME : AGE\_YRS

DEFINITION : Age of patient at time of admission.

**CODES, CATEGORIES AND COMMENTS:**

Age = Blank indicates age has been masked or is unknown (the year of birth is incomplete or unknown and an age of 0 has been assigned).

Newborns are identified with a code 7 in Source of Admission or infants (less than 24 hours old) are coded with a 3 in Type of Admission.

To reduce the need for masking to protect patient confidentiality; all patients older than 85 will be coded as "85" years of age. This can be considered "85 and older."

If necessary, Age in Years will be the first variable masked to de-identify unique patient records, by blanking-out reported age. This is the only numeric data element that will be masked; all other variables subject to masking are text variables and contain an asterisk when masked.

**CALIFORNIA PATIENT DISCHARGE DATA**  
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**AGE 20 CATEGORY**

FIELD NAME : AGECAT20

DEFINITION : Age range categories based on the patient's age at the time of admission.  
 Twenty age categories; mostly 5-year increments.

**CODES, CATEGORIES AND COMMENTS:**

The following age breakdown was provided in public version B for 1999 and 2000.

CATEGORY	AGE	DEFINITION
01	under 1 year	under 1 year
02	1-4 years	366 days through 4 years
03	5-9 years	5 years through 9 years
04	10-14 years	10 years through 14 years
05	15-19 years	15 years through 19 years
06	20-24 years	20 years through 24 years
07	25-29 years	25 years through 29 years
08	30-34 years	30 years through 34 years
09	35-39 years	35 years through 39 years
10	40-44 years	40 years through 44 years
11	45-49 years	45 years through 49 years
12	50-54 years	50 years through 54 years
13	55-59 years	55 years through 59 years
14	60-64 years	60 years through 64 years
15	65-69 years	65 years through 69 years
16	70-74 years	70 years through 74 years
17	75-79 years	75 years through 79 years
18	80-84 years	80 years through 84 years
19	85 years & over	85 years or greater
00	unknown (0)	Year of birth incomplete or unknown

Age Category (20) will be the 5th variable masked if necessary to de-identify unique patient records by replacing age category code with an asterisk.

**CALIFORNIA PATIENT DISCHARGE DATA**  
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**AGE 5 CATEGORY**

FIELD NAME : AGECAT5

DEFINITION : Five age categories; Random year increments.

CODES, CATEGORIES AND COMMENTS:

CATEGORY	AGE	DEFINITION
01	Under 1 year	Under 1 year
02	1-17 years	1 year through 17 years
03	18-34 years	18 years through 34 years
04	35-64 years	35years through 64 years
05	65years & over	65 years or greater
00	Unknown (0)	Year of birth incomplete or unknown

Age Category (5) will be the 6th variable masked if necessary to de-identify unique patient records by replacing age category code with an asterisk.

**CALIFORNIA PATIENT DISCHARGE DATA**  
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**SEX**

FIELD NAME : SEX

DEFINITION : This is the gender of the patient.

**CODES, CATEGORIES AND COMMENTS:**

<u>Code</u>	<u>Category</u>
1	Male
2	Female
3	Other
4	Unknown

All other values for Sex are not considered valid.

"Other" includes sex changes, undetermined sex, and live births with congenital abnormalities that obscure sex identification. "Unknown" indicates that the patient's sex was not available from the medical record.

Sex (gender of the patient) will be the 4th variable masked if necessary to de-identify unique patient records by replacing code with an asterisk.

**CALIFORNIA PATIENT DISCHARGE DATA**  
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**ETHNICITY**

FIELD NAME : ETHNCTY

DEFINITION : This code indicates whether or not the patient's ethnicity is Hispanic.

**CODES, CATEGORIES AND COMMENTS:**

The single code digit indicates ethnicity and includes:

<u>Code</u>	<u>Category</u>
1	Hispanic
2	Non-Hispanic
3	Unknown

All other values for Ethnicity are not considered valid.

Both ethnicity and race are self-reported by the patient.

Ethnicity will be the 2nd variable masked if necessary to de-identify unique patient records by replacing code with an asterisk.

**CALIFORNIA PATIENT DISCHARGE DATA**  
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**RACE**

FIELD NAME : RACE

DEFINITION : This code indicates the patient's racial background.

**CODES, CATEGORIES AND COMMENTS:**

<u>Code</u>	<u>Category</u>
<b>1</b>	<b>White</b> – A person having origins in or who identifies with any of the original Caucasian peoples of Europe, North Africa, or the Middle East.
<b>2</b>	<b>Black</b> – A person having origins in or who identifies with any of the black racial groups of Africa.
<b>3</b>	<b>Native American/Eskimo/Aleut</b> – A person having origins in or who identifies with any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
<b>4</b>	<b>Asian/Pacific Islander</b> – A person having origins in or who identifies with any of the original oriental peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. Includes Hawaii, Laos, Vietnam, Cambodia, Hong Kong, Taiwan, China, India, Japan, Korea, the Philippine Islands, and Samoa.
<b>5</b>	<b>Other</b> – Any possible options not covered in the above categories.
<b>6</b>	<b>Unknown</b>

All other values for Race are not considered valid.

Both ethnicity and race are self-reported by the patient.

Race will be the 3rd variable masked if necessary to de-identify unique patient records by replacing code with an asterisk.



**CALIFORNIA PATIENT DISCHARGE DATA**  
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**PATIENT ZIP CODE**  
**FIVE DIGIT / THREE DIGIT**

FIELD NAME : PATZIP

DEFINITION : The ZIP Code of the patient's residence (all five digits). This is a unique code assigned to a specific geographic area by the U.S. Postal Service for the patient's usual residence.

**CODES, CATEGORIES AND COMMENTS:**

The five digits of the ZIP Code of the patient's residence.

If the field is coded with XXXXX, the ZIP Code is unknown.

If it is coded with YYYYY, the patient is from an area outside the United States.

If it is coded with ZZZZZ, the patient has no residence (homeless).

If the city of residence is known but not the street address, or if the first three digits are the only digits reported, then it is a partial ZIP Code. It will be shown as a 5-digit ZIP code—the first three digits plus '00'. Example: Sacramento, CA 95800. There are no partial ZIP codes in the 2001 or 2002 data.

The reported ZIP Code will be the 8<sup>th</sup> variable masked if necessary to de-identify unique patient records to protect patient confidentiality. The Patient ZIP Code can be masked sequentially from 5-digits to 3-digits, then from 3-digits to just an asterisk, if required to de-identify the record.

**CALIFORNIA PATIENT DISCHARGE DATA**  
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**COUNTY OF PATIENT'S RESIDENCE**

FIELD NAME : PATCNTY

DEFINITION : The county of residence code is assigned based on the reported patient's ZIP code.

**CODES, CATEGORIES AND COMMENTS:**

Codes: 00-58, CE, NE and NW

01-58 indicates a county in California (see list in Appendix A); 00 indicates that the patient's zip code was unknown, outside California, outside the U.S., homeless, or partial.

The data for 2001 is the only data in which some records have a blank patient county, which indicates the patient's ZIP Code was unreported or partial.

To protect patient confidentiality, those counties with populations less than 30,000 are assigned to one of three groups of small counties to de-identify unique patient records. The groups and counties included are:

GROUP	COUNTIES
CE (Central)	Alpine, Inyo, Mariposa and Mono
NE (Northeastern)	Modoc, Plumas and Sierra
NW (Northwestern)	Colusa, Glenn and Trinity

Note – Using the reported ZIP Code, OSHPD assigns the patient's county of residence. ZIP Codes are designed for mail delivery, not to identify political boundaries. Therefore, some ZIP Codes cross county boundaries. For such ZIP Codes, OSHPD assigns the county with the greatest population in the respective ZIP Code.

**CALIFORNIA PATIENT DISCHARGE DATA**  
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**LENGTH OF STAY (Days)**

FIELD NAME : LOS

DEFINITION : Total number of days from admission date to discharge date of each patient.

**CODES, CATEGORIES AND COMMENTS:**

The days are calculated by subtracting the Admission Date from the Discharge Date. The length of stay for patients admitted on day one and discharged on day two is counted as one day.

Patients admitted and discharged on the same day yield a calculated length of stay of "0" days. This requires changing those (same-day admits and discharges) zeros to "ones" before performing average length of stay calculations to achieve more meaningful average length of stay calculations.

The number of days is right justified and zero filled (for fixed-length data format).

**CALIFORNIA PATIENT DISCHARGE DATA**  
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**ADMISSION: QUARTER**

FIELD NAME : ADM\_QTR

DEFINITION : Quarter the patient was admitted to the hospital.

**CODES, CATEGORIES AND COMMENTS:**

	<u>Code</u>	<u>Quarter</u>
One-digit quarter	1	January-March
	2	April-June
	3	July-September
	4	October-December

Quarter admitted will be the 7th variable masked if necessary to de-identify unique patient records by replacing code with an asterisk.

**CALIFORNIA PATIENT DISCHARGE DATA**  
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**ADMISSION: YEAR**

FIELD NAMES : ADM\_YR

DEFINITION : Year the patient was admitted to the hospital.

**CODES, CATEGORIES AND COMMENTS:**

Four-digit year - This is comprised of first two digits century and last two digits year.

**CALIFORNIA PATIENT DISCHARGE DATA**  
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**SOURCE OF ADMISSION**

FIELD NAME : ADM\_SRC

DEFINITION : Effective with discharges on January 1, 1995, the source of admission describes three aspects of the source:

The first digit describes the site from which the patient originated.

The second digit describes the license of site from which the patient originated.

The third digit describes the route by which the patient was admitted.

**CODES, CATEGORIES AND COMMENTS:**

**Site:**

<u>Code</u>	<u>Category</u>
1	Home
2	Residential Care Facility
3	Ambulatory Surgery
4	Skilled Nursing/Intermediate Care
5	Acute Inpatient Hospital Care
6	Other Inpatient Hospital Care
7	Newborn*
8	Prison/Jail
9	Other

All other values for "Site" are not considered valid.

*\*"Newborn" source of admission is defined as a "baby born alive in this hospital."*

**Licensure of Site:**

<u>Code</u>	<u>Category</u>
1	This Hospital
2	Another Hospital
3	Not a Hospital

All other values for "Licensure of Site" are not considered valid.

**Route:**

<u>Code</u>	<u>Category</u>
1	<u>Your</u> ER
2	Not <u>Your</u> ER (or no ER)

All other values for "Route" are not considered valid.

**CALIFORNIA PATIENT DISCHARGE DATA**  
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**TYPE OF ADMISSION**

FIELD NAME : ADM\_TYPE

DEFINITION : Effective with discharges on January 1, 1995, the patient's type of admission was reported using one of the categories listed below. The critical distinction is not how but when the admission was arranged.

**CODES, CATEGORIES AND COMMENTS:**

<u>Code</u>	<u>Category</u>
1	Scheduled (Scheduled in advance, at least of 24 hours or more prior to admission)
2	Unscheduled (Not scheduled within 24 hours or more prior to admission)
3	Infant, less than 24 hrs old
4	Unknown (Does not include stillbirths)

All other values for Type of Admission are not considered valid.

**CALIFORNIA PATIENT DISCHARGE DATA**  
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**DISPOSITION OF PATIENT**

FIELD NAME : DISP

DEFINITION : The consequent arrangement or event ending a patient's stay in the reporting facility. Effective with discharges beginning January 1, 1995, the codes are as follows:

CODES, CATEGORIES AND COMMENTS:

**Disposition of Patient:**

<u>Code</u>	<u>Category</u>
01	Routine (Home)

**Within this Hospital:**

<u>Code</u>	<u>Category</u>
02	Acute Care
03	Other Care
04	Skilled Nursing/Intermediate Care

**To Another Hospital:**

<u>Code</u>	<u>Category</u>
05	Acute Care
06	Other Care (not Skilled Nursing/Intermediate Care)
07	Skilled Nursing/Intermediate Care
08	Residential Care Facility
09	Prison/Jail
10	Against Medical Advice
11	Died
12	Home Health Service
13	Other

All other values for Disposition are not considered valid.



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**PREHOSPITAL CARE AND RESUSCITATION**

FIELD NAME : DNR

DEFINITION : This code indicates whether or not there was a "Do Not Resuscitate" order upon admission or within 24 hours of admission from a physician.

**CODES, CATEGORIES AND COMMENTS:**

A "Do Not Resuscitate" (DNR) order is a directive from a physician in a patient's current inpatient medical record instructing that the patient is not to be resuscitated in the event of a cardiac or pulmonary arrest. In the event of a cardiac or pulmonary arrest, resuscitative measures include, but are not limited to, the following: cardiopulmonary resuscitation (CPR), intubation, defibrillation, cardioactive drugs, or assisted ventilation.

Code      Category

Y = Yes - a DNR order was written at the time of or within the first 24 hours of patient's admission to the hospital.

N = No - a DNR order was not written at the time of or within the first 24 hours of the patient's admission to the hospital.

All other values for Prehospital Care and Resuscitation are not considered valid.

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 2004**

**EXPECTED SOURCE OF PAYMENT**  
**PAYER CATEGORY**

FIELD NAME : PAY\_CAT

DEFINITION : This code indicates the category of payer (type of entity or organization) who is expected to pay or did pay the greatest share of the patient's bill.

CODES, CATEGORIES AND COMMENTS:

Expected Payer Categories			
Code	Category	Code	Category
01	Medicare	06	Other Government
02	Medi-Cal	07	Other Indigent
03	Private Coverage	08	Self Pay
04	Workers' Compensation	09	Other Payer
05	County Indigent Programs	00	Not reported or reported in error

All other values for Payer Category are not considered valid.

- **Medicare** – A federally administered third party reimbursement program authorized by Title XVIII of the Social Security Act. Includes crossovers to secondary payers.
- **Medi-Cal** – A state administered third party reimbursement program authorized by Title XIX of the Social Security Act.
- **Private Coverage** – Payment covered by private, non-profit, or commercial health plans, whether insurance or other coverage, or organizations. Included are payments by local or organized charities, such as the Cerebral Palsy Foundation, Easter Seals, March of Dimes, or Shriners.
- **Workers' Compensation** – Payment from workers' compensation insurance, government or privately sponsored.
- **County Indigent Programs** - Patients covered under Welfare and Institutions Code Section 17000. includes programs funded in whole or in part by County Medical Services Program (CMSP), California Healthcare for Indigents Program (CHIP), and/or other Realignment Funds whether or not a bill is rendered.
- **Other Government** - Any form of payment from government agencies, whether local, state, federal or foreign, except those listed above. Includes funds received through California Children Services (CCS), the Civilian Health and Medical Program of the Uniformed Services (TRICARE), and the Veterans Administration.
- **Other Indigent** – Patients receiving care pursuant to Hill-Burton obligations or who meet the standards for charity care pursuant to the hospital's established charity care policy.
- **Self Pay** – Payment directly by the patient, personal guarantor, relatives, or friends. The greatest share of patient's bill is not expected to be paid by any form of insurance or other health plan.
- **Other Payer** – Any third party payment not included above. Included are cases where no payment will be required by the facility, such as special research or courtesy patients.

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 2004**

**EXPECTED SOURCE OF PAYMENT**

**PAYER TYPE OF COVERAGE**

FIELD NAME: : PAY\_TYPE

DEFINITION : This code indicates the type of coverage for the following: Medicare, Medi-Cal, Private Coverage, Workers' Compensation, County Indigent Programs, and Other Government.

**CODES, CATEGORIES AND COMMENTS:**

<u>Codes</u>	<u>Category</u>
1	= Managed Care - Knox-Keene/MCOHS
2	= Managed Care – Other
3	= Traditional Coverage
0	= Payer Type field is not considered applicable for payer categories other than: Medicare, Medi-Cal, Private Coverage, Worker's Compensation, County Indigent or Other Government.

All other values of Payer Type are not considered valid.

**Managed Care - Knox/Keene-Medi-Cal County Organized Health System.** Healthcare service plans, including Health Maintenance Organizations (HMO), licensed by the Department of Corporations under the Knox-Keene Healthcare Service Plan Act of 1975. Includes Medi-Cal County Organized Health Systems (MCOHS).

**Managed Care-Other.** - Healthcare plans, except those above, which provide managed care to enrollees through a panel of providers on a pre-negotiated or per diem basis, usually involving utilization review. Includes Preferred Provider Organization (PPO), Exclusive Provider Organization (EPO), Exclusive Provider Organization with Point-of-Service option (POS).

**Traditional Coverage.** - All other forms of healthcare coverage, including the Medicare prospective payment system, indemnity or fee-for-service plans, or other fee-for-service payers.

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 2004**

**EXPECTED SOURCE OF PAYMENT**

**PAYER PLAN CODE**

FIELD NAME: : PAY\_PLAN

DEFINITION : This four-digit code number refers to the name of those plans which are licensed under the Knox-Keene Healthcare Service Plan Act of 1975 or designated as a Medi-Cal County Organized Health System (MCOHS).

**CODES, CATEGORIES AND COMMENTS:**

The Plan code number represents the name of the Knox-Knee licensed plan or the Medi-Cal County Organized Health System. See Appendix E for the plan code names and numbers.

If the Payer Plan Code field is not applicable, determined by Type of Coverage, the Plan Code is zero filled (i.e. assigned a value of "0000").

Only values for Payer Plan, listed in Appendix E, are considered valid.

If the plan **code numbers** are the **same** and the **plan names** are different, it means they belong to the same "parent" plan.

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 2004**

**TOTAL CHARGES**

FIELD NAME : CHARGE

DEFINITION : Total Charges include all charges for services rendered during the length of stay for patient care at the facility, based on the hospital's full established rates.

**CODES, CATEGORIES AND COMMENTS:**

Charges include, but are not limited to, daily hospital services, ancillary services and any patient care services. Hospital-based physician fees are excluded. Prepayment (e.g. deposits and prepaid admissions) are not deducted from Total Charges.

**If a patient's length of stay is more than 1 year (365 days), Total Charges are reported for the last year (365 days) of stay only.** To calculate Adjusted Total Charges for stays over one year use the following formula:

$$(\text{Total Charges} / 365 \text{ days}) \times \text{Length of Stay} = \text{Adjusted Total Charges}$$

Total Charges are expressed in whole dollars. However, there is a specific meaning attached to the three values of "total charges," below:

**Where total charges equal 1** - the "1" is a code meaning that there were no (\$0) charges generated for the hospital stay (and was verified by the hospital). (Prior to 2004, all discharges from Shriners Hospital – Los Angeles were coded as "1" because they did not charge their patients. Programming note - the "1" allows the aggregation of all discharges with "valid total charges" by selecting those with total charges greater than zero.

**Where total charges equal 0** - the "0" is a code meaning that there was a charge, but that the amount of the charge could not be reported by the hospital. This frequently means the reported values were blank or otherwise invalid. This includes all Kaiser Foundation Hospitals which report a "0" for Total Charges as they are exempted from reporting total charges because they do not charge specifically for an inpatient stay. Rather, they receive a constant monthly (capitated) payment from each member, whether or not that member is hospitalized, or received outpatient care or no care at all.

**Where total Charges equal 9999999** -The total charge of "9999999" indicates the actual charges exceed the seven digit field size utilized by the hospital or designated agent.

Note – Beginning in 2002, Shriners Hospital - Northern California began coding all Total Charges as \$0, to note that they do not charge their patients. Beginning in 2004, Shriners Hospital – Los Angeles did the same. Unfortunately, this is inconsistent with the coding scheme. Their Total Charges now appear as invalid or missing data.

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 2004**

**EXTERNAL CAUSE OF INJURY -- PRINCIPAL E-CODE**

FIELD NAME : ECODE\_P

DEFINITION : The external cause of injury consists of the ICD-9-CM codes E800-E999 (E-Codes), that are used to describe the external cause of injuries, poisonings, and adverse effects. If the information is available in the medical record, E-Codes sufficient to describe the external cause are reported for discharges with a principal and/or other diagnoses classified as injuries or poisonings in Chapter 17 of the ICD-9-CM (800-999), or where a code from Chapters 1-16 of the ICD-9-CM (001-799) indicates that an additional E-code is applicable. The reporting of E-Codes in the range E870-E879 (misadventures and abnormal reactions) is not required. The principal E-Code is reported only for the inpatient hospitalization during which the injury, poisoning, and/or adverse effect was first diagnosed and/or treated.

To assure uniform reporting of E-Codes, when multiple codes are required to completely classify the cause, the first (principal) E-code will describe the mechanism that resulted in the most severe injury, poisoning, or adverse effect.

**CODES, CATEGORIES AND COMMENTS:**

The valid E-Codes are specified in Chapter 17 of the ICD-9-CM codebook. External cause of injury was not required for discharges before July 1, 1990.

**CODE STRUCTURE (examples):**

Content of Field: E9068 Would be read as: E906.8

Content of Field: E899 Would be read as: E899.

(Implied decimal is read after the first four positions.)

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 2004**

**EXTERNAL CAUSE OF INJURY - OTHER E-CODES**

FIELD NAME : ECODE1, ECODE2, ECODE3, and ECODE4

DEFINITION : The external cause of injury consists of the ICD-9-CM codes E800-E999 (E-Codes), that are used to describe the external cause of injuries, poisonings, and adverse effects. If the information is available in the medical record, E-codes sufficient to describe the external cause are reported for discharges with a principal and/or other diagnoses classified as injuries or poisonings in Chapter 17 of the ICD-9-CM (800-999), or where a code from Chapters 1-16 of the ICD-9-CM (001-799) indicates that an additional E-code is applicable. The reporting of E-Codes in the range E870-E879 (misadventures and abnormal reactions) is not required. An E-Code is reported only for the inpatient hospitalization during which the injury, poisoning, and/or adverse effect was first diagnosed and/or treated.

If the principal E-Code does not include a description of the place of occurrence of the most severe injury, or poisoning, an additional E-Code is reported to designate the place of occurrence, if available in the medical record. Place of occurrence is coded as E849.0 - E849.9. Up to three additional E-codes will be reported, if necessary to completely describe the mechanism(s) that contributed to, or the causal events surrounding, any injury or poisoning, or adverse effect first diagnosed and/or treated during the current inpatient hospitalization.

**CODES, CATEGORIES AND COMMENTS:**

The valid E-Codes specified in Chapter 17 of the ICD-9-CM codebook. External cause of injury was not required for discharges before July 1, 1990.

**CODE STRUCTURE (examples):**

Content of Field: E9068 Would be read as: E906.8

Content of Field: E899 Would be read as: E899.

(Implied decimal is read after the first four positions.)

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 2004**

**MAJOR DIAGNOSTIC CATEGORY**  
**(MDC)**

FIELD NAME : MDC

DEFINITION : MDCs are mutually exclusive categories containing all possible principal diagnosis areas. The diagnoses in each MDC correspond to a single major organ system or etiology, and in general are associated with a particular medical specialty. Some MDCs are residual categories containing diseases or disorders that could not be assigned to an organ system-based MDC. OSHPD purchases the DRG Grouper software from Centers for Medicare and Medicaid Services (CMS) contractor, 3M® Health Information Systems. CMS implements revisions to the DRG Grouper software effective October 1, the start of the Federal fiscal year for the Medicare Prospective Payment System. The Office implements the same software effective with discharges from the beginning of the following calendar year. DRG Grouper Version 18.0, which was implemented by CMS on October 1, 2000, is the DRG Grouper applied to the Office's calendar year 2001 patient discharge data.

The MDC is based on the principal diagnosis. The MDC is given "00" for records where the principal diagnosis is not an existing ICD-9-CM code. Beginning with 1993 data, new codes after October 1, are "mapped" by OSHPD's own mapping logic system to the closest equivalent code recognized by the DRG Grouper Version for that calendar year and assigned to an MDC based on that DRG Grouper Version's logic.

**CODES, CATEGORIES AND COMMENTS:**

Codes: 00-25

MDC 00 is the label for records that could not be assigned to MDCs 1-25 by the DRG grouper (e.g. some records from DRG 470 (ungroupable)).

Appendix B displays the MDC descriptions.



**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 2004**

**DIAGNOSIS RELATED GROUP**  
**(DRG)**

FIELD NAME : DRG

DEFINITION : DRGs are case-mix assignments grouping hospital patients to categories based on diagnostic, therapeutic and demographic characteristics for the purpose of reimbursement. OSHPD purchases the DRG Grouper software from Centers for Medicare and Medicaid Services (CMS) contractor, 3M® Health Information Systems. CMS implements revisions to the DRG Grouper software every October 1, the start of Federal fiscal year for the Medicare Prospective Payment System. The Office implements the same software effective with discharges from the beginning of the following calendar year. Special note - New codes after October 1, are "mapped" by OSHPD's own mapping logic system to the closest equivalent code recognized by the DRG Grouper Version for that calendar year and assigned to a DRG based on that DRG Grouper Version's logic.

**CODES,CATEGORIES AND COMMENTS:**

Codes: 001-511

Appendix C displays the DRG descriptions.

The following indicates the DRG Grouper Version used during recent years:

Calendar Year 1995 = Version 12.0 HCFA DRG Grouper  
Calendar Year 1996 = Version 13.0 HCFA DRG Grouper  
Calendar Year 1997 = Version 14.0 HCFA DRG Grouper  
Calendar Year 1998 = Version 15.0 HCFA DRG Grouper  
Calendar Year 1999 = Version 16.0 HCFA DRG Grouper  
Calendar Year 2000 = Version 17.0 HCFA DRG Grouper  
Calendar Year 2001 = Version 18.0 HCFA DRG Grouper

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 2004**

**PRINCIPAL DIAGNOSIS**

FIELD NAME : DIAG\_P

DEFINITION : The condition established, after study, to be the chief cause of the admission of the patient to the facility for care.

**CODES, CATEGORIES AND COMMENTS:**

The appropriate codes to be entered for this data element are specified in the International Classification of Diseases, 9th Revision, Clinical Modification, U.S. Department of Health and Human Services, Washington D.C. (ICD-9-CM).

Beginning with 1999, the psychiatric codes from the Diagnostic and Statistical Manual of Mental Disorders (DSM), by American Psychiatric Association, Washington, D.C. are not accepted by OSHPD.

Note: Morphology codes are not accepted by OSHPD. SNODO codes are not accepted by OSHPD. Codes from the Supplementary Classification of External causes (E-Code) of Injury and Poisoning are not accepted in the Principal Diagnosis field. Italicized ICD-9-CM codes are not accepted in the Principal Diagnosis field.

**CODE STRUCTURE (examples):**

Content of Field: V5781 Would be read as: V57.81

Content of Field: 3441 Would be read as: 344.1

(Implied decimal is read after the first three character positions.)

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 2004**

**CONDITION PRESENT AT ADMISSION**  
**(for the Principal Diagnosis)**

FIELD NAME : CPOA\_P

DEFINITION : The indicator for whether or not the condition was present at admission by reporting Yes, No, or Uncertain for the Principal Diagnosis.

**CODES, CATEGORIES AND COMMENTS:**

The indicator for the principal diagnosis is defaulted to Yes (present at admission), unless reported otherwise.

<u>Code</u>		<u>Category</u>
Y	=	Yes
N	=	No
U	=	Uncertain

All other values of Condition Present At Admission are not considered valid.

Detailed parameters for reporting Condition Present At Admission are available in the California Patient Discharge Data Reporting Manual, Third Edition.

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 2004**

**PRINCIPAL PROCEDURE**

FIELD NAME : PROC\_P

DEFINITION : The principal procedure is one which was performed for definitive treatment rather than one performed for diagnostic or exploratory purposes, or which was necessary to take care of a complication.

The principal procedure is the procedure most related to the principal diagnosis.

If only non-therapeutic procedures were performed, then a significant non-therapeutic procedure should be reported. A significant procedure is one that is surgical in nature, or carries a procedural risk, or carries an anesthetic risk, or affects DRG assignment.

**CODES, CATEGORIES AND COMMENTS:**

The appropriate codes to be entered are specified in the International Classification of Diseases, 9<sup>th</sup> Revision, Clinical Modification (ICD-9-CM), U.S. Department of Health and Human Services, Washington, D.C.

Note: HCPCS and CPT codes are not accepted by OSHPD.

**CODE STRUCTURE (examples):**

Content of Field: 022 Would be read as: 02.2  
Content of Field: 0293 Would be read as: 02.93  
(Implied decimal is read after the first two positions.)

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 2004**

**DAYS FROM ADMISSION TO PRINCIPAL PROCEDURE**

FIELD NAME : PROC\_PDY

DEFINITION : The number of days between the patient's admission date and the date of the Principal Procedure.

**CODES, CATEGORIES AND COMMENTS:**

If the Principal Procedure was performed prior to admission, this numeric value will be prefixed with a minus (-) sign. The days are calculated by subtracting the date of admission from the date of the Principal Procedure. If the Principal Procedure was performed on the day of admission, the number of days will be zero. If no Principal Procedure or date is reported, the days are shown as zero. The maximum value is 9999, which means that the procedure was performed more than 9998 days after admission.

Through 2000, if no procedure was performed, the days to procedure were shown as -999. For procedures performed on the same day as admission, the days were displayed as zero.

Some hospitals report procedures performed on their inpatients, on an outpatient basis by another facility, during the patient's stay at the reporting hospital. Therefore, not all procedures reported by a hospital were necessarily performed by and at that hospital.

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 2004**

**OTHER DIAGNOSES (24 Other Diagnoses)**

FIELD NAME : ODIAG1 to ODIAG24

DEFINITION : Conditions that coexist at the time of admission, develop subsequently during the hospital stay, affect the treatment received, or affect the length of stay.

**CODES, CATEGORIES AND COMMENTS:**

Beginning with 1999, the psychiatric codes from Diagnostic and Statistical Manual of Mental Disorders (DSM), by American Psychiatric Association, Washington D.C., are not accepted by OSHPD.

The appropriate codes to be entered are specified in the International Classification of Diseases 9<sup>th</sup> Revision, Clinical Modification, U.S. Department of Health and Human Services, Washington, D.C. (ICD-9-CM).

Other Diagnoses do not include E-Codes. E-Codes are located in special E-Code fields.

Note: Morphology or SNODO codes are not accepted by OSHPD.

**CODE STRUCTURE (examples):**

Content of Field: V5781 Would be read as: V57.81  
Content of Field: 3441 Would be read as: 344.1  
(Implied decimal is read after the first three positions.)

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 2004**

**CONDITION PRESENT AT ADMISSION**  
**(for the Other Diagnoses)**

FIELD NAME : CPOA1 to CPOA24

DEFINITION : The indicator for whether or not the condition was present at admission by reporting Yes, No, or Uncertain for all Other Diagnoses.

CODES, CATEGORIES AND COMMENTS:

<u>Code</u>	<u>Category</u>
Y	= Yes
N	= No
U	= Uncertain

All other values of Condition Present At Admission are not considered valid.

Detailed parameters for reporting Condition Present At Admission are available in the California Patient Discharge Data Reporting Manual, Third Edition.

**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 2004**

**OTHER PROCEDURES**  
**(Maximum 20)**

FIELD NAME : OPROC1 to OPROC20

DEFINITION : The procedure code is reported according to the ICD-9-CM. A procedure is considered significant when it is a surgical risk, procedural risk, anesthetic risk or is needed for DRG assignment.

**CODES, CATEGORIES AND COMMENTS:**

The appropriate codes to be entered are specified in the International Classification of Diseases 9<sup>th</sup> Revision, Clinical Modification (ICD-9-CM), U.S. Department of Health and Human Services, Washington, D.C. All significant procedures that are surgical in nature or carry procedural risk, or carry an anesthetic risk, or affect DRG assignment, are reported.

Note: HCPCS and CPT codes are not accepted by OSHPD.

**CODE STRUCTURE (examples):**

Content of Field: 022 Would be read as: 02.2

Content of Field: 0293 Would be read as: 02.93

(Implied decimal is read after the first two positions.)



**CALIFORNIA PATIENT DISCHARGE DATA**  
**January-December 2004**

**DAYS FROM ADMISSION TO OTHER PROCEDURES**

FIELD NAME : PROC DY1 to PROC DY20

DEFINITION : The number of days between the patient's admission date and the date of the Other Procedure.

**CODES, CATEGORIES AND COMMENTS:**

If Other Procedures were performed prior to admission, the numeric value will be prefixed with a minus (-) sign. The days are calculated by subtracting the date of admission from the date of the Other Procedure. If the Other Procedures were performed on the day of admission, the number of days will be zero. If no Other Procedures or dates are reported, the days are shown as zero. The maximum value is 9999, which means that the procedure was performed more than 9998 days after admission.

Through 2000, if no procedure was performed, the days to procedure were shown as -999. For procedures performed on the same day as admission, the days were displayed as zero.

Some hospitals report procedures performed on their inpatients, on an outpatient basis by another facility, during the patient's stay at the reporting hospital. Therefore, not all procedures reported by a hospital were necessarily performed by and at that hospital.

# CALIFORNIA PATIENT DISCHARGE DATA

## January-December 2004

### APPENDICES

A full set of appendix files in a portable document format (.pdf) is included for easy viewing and printing. In addition, a subset of five appendices is duplicated in an Excel file with each appendix in an individual worksheet. These Excel worksheets can be used with relational database software to link code numbers from the data to their respective labels (e.g., the Hospital ID Number, (OSHDPD\_ID), from the data set can be matched with the hospital name in Appendix F). See the tables below for appendix descriptions.

APPENDICES PDF Files		
The complete set of Appendices (PDF format) is located in the "Appendices_04" folder.		
Appendices	File Name	PDF files must be viewed/read with Adobe Acrobat Reader
A	App_A_counties.pdf	Listing of California counties (names and codes).
B	App_B_mdc.pdf	Listing of Major Diagnostic Categories (names and codes)
C	App_C_drg.pdf	Listing of Diagnosis Related Groups (names and codes)
D	App_D_exceptions.pdf	Data Exceptions (Approved Requests for Modifications and Non-Compliances)
E	App_E_plan_codes.pdf	Plan Codes for Expected Source of Payment
F	App_F_hospital_list.pdf	Listing of all hospitals in data set (Hospital ID#, Name, ZIP, Facility Level, and Total Discharges)
G	App_G_report_form.pdf	Manual Abstract Reporting Form (OSHDPD-1370)
H	App_H_data_fields.pdf	Data Fields, comma delimited format, public set
I	App_I_masked_field_freqs.pdf	Frequencies, by Value, of Fields Subject to Masking

APPENDICES SUBSET Excel File		
A duplicate, sub-set of Appendices (in MS-Excel format) is also located in the "Appendices_04" folder. The worksheets in this file can be used as relational database tables to link codes with labels		
Appendices	Worksheet Name	Description
A	App_A_counties	Listing of California counties (names and codes)
B	App_B_mdc	Listing of Major Diagnostic Categories (names and codes)
C	App_C_drg	Listing of Diagnosis Related Groups (names and codes)
E	App_E_plan_codes	Plan Codes for Expected Source of Payment
F	App_F_hospital_list	Listing of all hospitals in data set (Hospital ID#, Name, ZIP, facility level of data aggregation and total discharges)

## APPENDIX A

### COUNTIES OF CALIFORNIA NAMES AND CODE NUMBERS (Small county Codes in parentheses)

COUNTY		COUNTY		COUNTY	
#	<u>Name</u>	#	<u>Name</u>	#	<u>Name</u>
01	Alameda	20	Madera	40	San Luis Obispo
02	Alpine (CE)	21	Marin	41	San Mateo
03	Amador	22	Mariposa	42	Santa Barbara
04	Butte	23	Mendocino	43	Santa Clara
05	Calaveras	24	Merced	44	Santa Cruz
06	Colusa (NW)	25	Modoc (NE)	45	Shasta
07	Contra Costa	26	Mono (CE)	46	Sierra (NE)
08	Del Norte	27	Monterey	47	Siskiyou
09	El Dorado	28	Napa	48	Solano
10	Fresno	29	Neveda	49	Sonoma
11	Glenn (NW)	30	Orange	50	Stanislaus
12	Humboldt	31	Placer	51	Sutter
13	Imperial	32	Plumas (NE)	52	Tehama
14	Inyo (CE)	33	Riverside	53	Trinity (NW)
15	Kern	34	Sacramento	54	Tulare
16	Kings	35	San Benito	55	Tuolumne
17	Lake	36	San Bernardino	56	Ventura
18	Lassen	37	San Diego	57	Yolo
19	Los Angeles	38	San Francisco	58	Yuba
		39	San Joaquin		

Small County Groups: CE = Central Counties  
NE = Northeastern Counties  
NW = Northwestern Counties

**APPENDIX B**  
Major Diagnostic Codes (MDC)  
Grouper Version 21.0  
2004

<b>MDC</b>	<b>2004 Descriptions</b>
01	Diseases & Disorders Of The Nervous System
02	Diseases & Disorders Of The Eye
03	Diseases & Disorders Of The Ear, Nose, Mouth & Throat
04	Diseases & Disorders Of The Respiratory System
05	Diseases & Disorders Of The Circulatory System
06	Diseases & Disorders Of The Digestive System
07	Diseases & Disorders Of The Hepatobiliary System & Pancreas
08	Diseases & Disorders Of The Musculoskeletal System & Connective Tissue
09	Diseases & Disorders Of The Skin, Subcutaneous Tissue & Breast
10	Endocrine, Nutritional & Metabolic Diseases & Disorders
11	Diseases & Disorders Of The Kidney & Urinary Tract
12	Diseases & Disorders Of The Male Reproductive System
13	Diseases & Disorders Of The Female Reproductive System
14	Pregnancy, Childbirth & The Puerperium
15	Newborns & Other Neonates With Conditions Originating In The Perinatal Period
16	Diseases & Disorders Of Blood & Blood Forming Organs & Immunological Disorders
17	Myeloproliferative Diseases & Disorders & Poorly Differentiated Neoplasms
18	Infectious & Parasitic Diseases (Systemic Or Unspecified Sites)
19	Mental Diseases & Disorders
20	Alcohol/Drug Use & Alcohol/Drug Induced Organic Mental Disorders
21	Injuries, Poisonings & Toxic Effects Of Drugs
22	Burns
23	Factors Influencing Health Status & Other Contacts With Health Services
24	Multiple Significant Trauma
25	Human Immunodeficiency Virus Infections
00	Ungroupable

Source: DRGs: Diagnosis Related Groups Definitions Manual, Version 21.0, effective 10/1/03,  
Developed for the federal Health Care Financing Administration by 3M® Health  
Information Systems, New Haven CT 06511

**APPENDIX C**  
**DIAGNOSIS RELATED GROUPS (DRGs) for 2004**  
**DRG Grouper Version 21.0**

DRG	MDC	Category	Description
001	01	P	Craniotomy Age >17 w cc
002	01	P	Craniotomy Age >17 w/o cc
003	01	P	Craniotomy Age 0-17
004	00	0	Unused DRG Placeholder Since 10/1/03
005	00	0	Unused DRG Placeholder Since 10/1/03
006	01	P	Carpal Tunnel Release
007	01	P	Peripheral/Cranial Nerve/other Nervous System Procedures w cc
008	01	P	Peripheral/Cranial Nerve/other Nervous System Proc w/o cc
009	01	M	Spinal Disorders & Injuries
010	01	M	Nervous System Neoplasms w cc
011	01	M	Nervous System Neoplasms w/o cc
012	01	M	Degenerative Nervous System Disorders
013	01	M	Multiple Sclerosis & Cerebellar Ataxia
014	01	M	Intracranial Hemorrhage or Cerebral Infarction
015	01	M	Nonspecific Cerebrovascular & Precerebral Occlusion w/o Infarct
016	01	M	Nonspecific Cerebrovascular Disorders w cc
017	01	M	Nonspecific Cerebrovascular Disorders w/o cc
018	01	M	Cranial & Peripheral Nerve Disorders w cc
019	01	M	Cranial & Peripheral Nerve Disorders w/o cc
020	01	M	Nervous System Infection except Viral Meningitis
021	01	M	Viral Meningitis
022	01	M	Hypertensive Encephalopathy
023	01	M	Nontraumatic Stupor & Coma
024	01	M	Seizure & Headache Age >17 w cc
025	01	M	Seizure & Headache Age >17 w/o cc
026	01	M	Seizure & Headache Age 0-17
027	01	M	Traumatic Stupor & Coma, Coma >1 Hr
028	01	M	Traumatic Stupor & Coma, Coma <1 Hr Age >17 w cc
029	01	M	Traumatic Stupor & Coma, Coma <1 Hr Age >17 w/o cc
030	01	M	Traumatic Stupor & Coma, Coma <1 Hr Age 0-17
031	01	M	Concussion Age >17 w cc
032	01	M	Concussion Age >17 w/o cc
033	01	M	Concussion Age 0-17
034	01	M	Other Disorders of Nervous System w cc
035	01	M	Other Disorders of Nervous System w/o cc
036	02	P	Retinal Procedures
037	02	P	Orbital Procedures
038	02	P	Primary Iris Procedures
039	02	P	Lens Procedures w or w/o Vitrectomy
040	02	P	Extraocular Procedures except Orbit Age >17
041	02	P	Extraocular Procedures except Orbit Age 0-17
042	02	P	Intraocular Procedures except Retina, Iris & Lens
043	02	M	Hyphema
044	02	M	Acute Major Eye Infections
045	02	M	Neurological Eye Disorders
046	02	M	Other Disorders of the Eye Age >17 w cc
047	02	M	Other Disorders of the Eye Age >17 w/o cc
048	02	M	Other Disorders of the Eye Age 0-17
049	03	P	Major Head & Neck Procedures
050	03	P	Sialoadenectomy
051	03	P	Salivary Gland Procedures except Sialoadenectomy
052	03	P	Cleft Lip & Palate Repair
053	03	P	Sinus & Mastoid Procedures Age >17

**APPENDIX C**  
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DRG	MDC	Category	Description
054	03	P	Sinus & Mastoid Procedures Age 0-17
055	03	P	Miscellaneous Ear, Nose, Mouth & Throat Procedures
056	03	P	Rhinoplasty
057	03	P	T&A Proc, except Tonsillectomy &/or Adenoidectomy only, Age >17
058	03	P	T&A Proc, except Tonsillectomy &/or Adenoidectomy only, Age 0-17
059	03	P	Tonsillectomy &/or Adenoidectomy only, Age >17
060	03	P	Tonsillectomy &/or Adenoidectomy only, Age 0-17
061	03	P	Myringotomy w Tube Insertion Age >17
062	03	P	Myringotomy w Tube Insertion Age 0-17
063	03	P	Other Ear, Nose, Mouth & Throat Operating Room Procedures
064	03	M	Ear, Nose, Mouth & Throat Malignancy
065	03	M	Dysequilibrium
066	03	M	Epistaxis
067	03	M	Epiglottitis
068	03	M	Otitis Media & Upper Respiratory Infection Age >17 w cc
069	03	M	Otitis Media & Upper Respiratory Infection Age >17 w/o cc
070	03	M	Otitis Media & Upper Respiratory Infection Age 0-17
071	03	M	Laryngotracheitis
072	03	M	Nasal Trauma & Deformity
073	03	M	Other Ear, Nose, Mouth & Throat Diagnoses Age >17
074	03	M	Other Ear, Nose, Mouth & Throat Diagnoses Age 0-17
075	04	P	Major Chest Procedures
076	04	P	Other Respiratory System Operating Room Procedures w cc
077	04	P	Other Respiratory System Operating Room Procedures w/o cc
078	04	M	Pulmonary Embolism
079	04	M	Respiratory Infections & Inflammations Age >17 w cc
080	04	M	Respiratory Infections & Inflammations Age >17 w/o cc
081	04	M	Respiratory Infections & Inflammations Age 0-17
082	04	M	Respiratory Neoplasms
083	04	M	Major Chest Trauma w cc
084	04	M	Major Chest Trauma w/o cc
085	04	M	Pleural Effusion w cc
086	04	M	Pleural Effusion w/o cc
087	04	M	Pulmonary Edema & Respiratory Failure
088	04	M	Chronic Obstructive Pulmonary Disease
089	04	M	Simple Pneumonia & Pleurisy Age >17 w cc
090	04	M	Simple Pneumonia & Pleurisy Age >17 w/o cc
091	04	M	Simple Pneumonia & Pleurisy Age 0-17
092	04	M	Interstitial Lung Disease w cc
093	04	M	Interstitial Lung Disease w/o cc
094	04	M	Pneumothorax w cc
095	04	M	Pneumothorax w/o cc
096	04	M	Bronchitis & Asthma Age >17 w cc
097	04	M	Bronchitis & Asthma Age >17 w/o cc
098	04	M	Bronchitis & Asthma Age 0-17
099	04	M	Respiratory Signs & Symptoms w cc
100	04	M	Respiratory Signs & Symptoms w/o cc
101	04	M	Other Respiratory System Diagnoses w cc
102	04	M	Other Respiratory System Diagnoses w/o cc
103		P	Heart Transplant
104	05	P	Cardiac Valve & other Major Cardiothoracic Proc w Cardiac Cath
105	05	P	Cardiac Valve & other Major Cardiothoracic Proc w/o Cardiac Cath
106	05	P	Coronary Bypass w PTCA

**APPENDIX C**  
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DRG	MDC	Category	Description
107	05	P	Coronary Bypass w Cardiac Catheterization
108	05	P	Other Cardiothoracic Procedures
109	05	P	Coronary Bypass w/o Cardiac Catheterization
110	05	P	Major Cardiovascular Procedures w cc
111	05	P	Major Cardiovascular Procedures w/o cc
112	00	0	Unused DRG Placeholder Since 10/1/01
113	05	P	Amputation for Circulatory System Disorders exc Upper Limb & Toe
114	05	P	Upper Limb & Toe Amputation for Circulatory System Disorders
115	05	P	Prm Card Pacem Impl w AMI/Hrt Fail/Shk/AICD Lead/Generator Proc
116	05	P	Other Permanent Cardiac Pacemaker Implant
117	05	P	Cardiac Pacemaker Revision except Device Replacement
118	05	P	Cardiac Pacemaker Device Replacement
119	05	P	Vein Ligation & Stripping
120	05	P	Other Circulatory System Operating Room Procedures
121	05	M	Circulatory Disorders w AMI/Major Complication, Discharged Alive
122	05	M	Circulatory Disorders w AMI w/o Major Compl, Discharged Alive
123	05	M	Circulatory Disorders w AMI, Expired
124	05	M	Circulatory Disorders ex AMI, w Card Cath & Complex Diag
125	05	M	Circulatory Disorders ex AMI, w Card Cath w/o Complex Diag
126	05	M	Acute & Subacute Endocarditis
127	05	M	Heart Failure & Shock
128	05	M	Deep Vein Thrombophlebitis
129	05	M	Cardiac Arrest, Unexplained
130	05	M	Peripheral Vascular Disorders w cc
131	05	M	Peripheral Vascular Disorders w/o cc
132	05	M	Atherosclerosis w cc
133	05	M	Atherosclerosis w/o cc
134	05	M	Hypertension
135	05	M	Cardiac Congenital & Valvular Disorders Age >17 w cc
136	05	M	Cardiac Congenital & Valvular Disorders Age >17 w/o cc
137	05	M	Cardiac Congenital & Valvular Disorders Age 0-17
138	05	M	Cardiac Arrhythmia & Conduction Disorders w cc
139	05	M	Cardiac Arrhythmia & Conduction Disorders w/o cc
140	05	M	Angina Pectoris
141	05	M	Syncope & Collapse w cc
142	05	M	Syncope & Collapse w/o cc
143	05	M	Chest Pain
144	05	M	Other Circulatory System Diagnoses w cc
145	05	M	Other Circulatory System Diagnoses w/o cc
146	06	P	Rectal Resection w cc
147	06	P	Rectal Resection w/o cc
148	06	P	Major Small & Large Bowel Procedures w cc
149	06	P	Major Small & Large Bowel Procedures w/o cc
150	06	P	Peritoneal Adhesiolysis w cc
151	06	P	Peritoneal Adhesiolysis w/o cc
152	06	P	Minor Small & Large Bowel Procedures w cc
153	06	P	Minor Small & Large Bowel Procedures w/o cc
154	06	P	Stomach, Esophageal & Duodenal Procedures Age >17 w cc
155	06	P	Stomach, Esophageal & Duodenal Procedures Age >17 w/o cc
156	06	P	Stomach, Esophageal & Duodenal Procedures Age 0-17
157	06	P	Anal & Stomal Procedures w cc
158	06	P	Anal & Stomal Procedures w/o cc
159	06	P	Hernia Procedures except Inguinal & Femoral Age >17 w cc

**APPENDIX C**  
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DRG	MDC	Category	Description
160	06	P	Hernia Procedures except Inguinal & Femoral Age >17 w/o cc
161	06	P	Inguinal & Femoral Hernia Procedures Age >17 w cc
162	06	P	Inguinal & Femoral Hernia Procedures Age >17 w/o cc
163	06	P	Hernia Procedures Age 0-17
164	06	P	Appendectomy w Complicated Principal Diagnoses w cc
165	06	P	Appendectomy w Complicated Principal Diagnoses w/o cc
166	06	P	Appendectomy w/o Complicated Principal Diagnoses w cc
167	06	P	Appendectomy w/o Complicated Principal Diagnoses w/o cc
168	03	P	Mouth Procedures w cc
169	03	P	Mouth Procedures w/o cc
170	06	P	Other Digestive System Operating Room Procedures w cc
171	06	P	Other Digestive System Operating Room Procedures w/o cc
172	06	M	Digestive Malignancy w cc
173	06	M	Digestive Malignancy w/o cc
174	06	M	Gastrointestinal Hemorrhage w cc
175	06	M	Gastrointestinal Hemorrhage w/o cc
176	06	M	Complicated Peptic Ulcer
177	06	M	Uncomplicated Peptic Ulcer w cc
178	06	M	Uncomplicated Peptic Ulcer w/o cc
179	06	M	Inflammatory Bowel Disease
180	06	M	Gastrointestinal Obstruction w cc
181	06	M	Gastrointestinal Obstruction w/o cc
182	06	M	Esophagitis, Gastroenteritis & Misc Digest Disorders Age >17 w cc
183	06	M	Esophagitis, Gastroenteritis/Misc Digest Disorders Age >17 w/o cc
184	06	M	Esophagitis, Gastroenteritis & Misc Digest Disorders Age 0-17
185	03	M	Dental & Oral Disease except Extracts & Restoration, Age >17 w cc
186	03	M	Dental & Oral Disease except Extracts & Restoration, Age 0-17
187	03	M	Dental Extractions & Restorations
188	06	M	Other Digestive System Diagnoses Age >17 w cc
189	06	M	Other Digestive System Diagnoses Age >17 w/o cc
190	06	M	Other Digestive System Diagnoses Age 0-17
191	07	P	Pancreas, Liver & Shunt Procedures w cc
192	07	P	Pancreas, Liver & Shunt Procedures w/o cc
193	07	P	Biliary Tract Proc exc only Cholecystectomy w or w/o C.D.E. w cc
194	07	P	Biliary Tract Proc exc only Cholecystectomy w or w/o C.D.E. w/o cc
195	07	P	Cholecystectomy w Common Duct Exploration (C.D.E) w cc
196	07	P	Cholecystectomy w Common Duct Exploration w/o cc
197	07	P	Cholecystectomy except by Laparoscope w/o C.D.E. w cc
198	07	P	Cholecystectomy except by Laparoscope w/o C.D.E. w/o cc
199	07	P	Hepatobiliary Diagnostic Procedure for Malignancy
200	07	P	Hepatobiliary Diagnostic Procedure for Non-Malignancy
201	07	P	Other Hepatobiliary or Pancreas Operating Room Procedures
202	07	M	Cirrhosis & Alcoholic Hepatitis
203	07	M	Malignancy of Hepatobiliary System or Pancreas
204	07	M	Disorders of Pancreas except Malignancy
205	07	M	Liver Disorders except Malignancy, Cirrhosis, Alcoholic Hepa w cc
206	07	M	Liver Disorders exc Malignancy, Cirrhosis, Alcoholic Hepa w/o cc
207	07	M	Disorders of the Biliary Tract w cc
208	07	M	Disorders of the Biliary Tract w/o cc
209	08	P	Major Joint & Limb Reattachment Procedures of Lower Extremity
210	08	P	Hip & Femur Procedures except Major Joint Age >17 w cc
211	08	P	Hip & Femur Procedures except Major Joint Age >17 w/o cc
212	08	P	Hip & Femur Procedures except Major Joint Age 0-17



**APPENDIX C**  
**DIAGNOSIS RELATED GROUPS (DRGs) for 2004**  
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DRG	MDC	Category	Description
213	08	P	Amputation for Musculoskeletal System/Connective Tissue Disorders
214	00	0	Unused DRG Placeholder Since 10-1-97
215	00	0	Unused DRG Placeholder Since 10-1-97
216	08	P	Biopsies of Musculoskeletal System & Connective Tissue
217	08	P	Wnd Debride/Skn Grft except Hand, Musculosk/Connective Tissue Dis
218	08	P	Lower Extrem & Humerus Proc except Hip, Foot, Femur Age >17 w cc
219	08	P	Lower Extrem & Humeru Proc except Hip, Foot, Femur Age >17 w/o cc
220	08	P	Lower Extremity & Humerus Proc except Hip, Foot, Femur Age 0-17
221	00	0	Unused DRG Placeholder Since 10-1-97
222	00	0	Unused DRG Placeholder Since 10-1-97
223	08	P	Major Shoulder/Elbow Proc, or Other Upper Extremity Proc w cc
224	08	P	Shoulder, Elbow or Forearm Proc, except Major Joint Proc, w/o cc
225	08	P	Foot Procedures
226	08	P	Soft Tissue Procedures w cc
227	08	P	Soft Tissue Procedures w/o cc
228	08	P	Major Thumb or Joint Proc, or Other Hand or Wrist Proc w cc
229	08	P	Hand or Wrist Procedures, except Major Joint Procedures, w/o cc
230	08	P	Local Excision/Removal of Internal Fixation Devices of Hip/Femur
231	00	0	Unused DRG Placeholder Since 10/1/03
232	08	P	Arthroscopy
233	08	P	Other Musculoskeletal System & Connective Tissue O.R. Proc w cc
234	08	P	Other Musculoskeletal System & Connective Tissue O.R. Proc w/o cc
235	08	M	Fractures of Femur
236	08	M	Fractures of Hip & Pelvis
237	08	M	Sprains, Strains, & Dislocations of Hip, Pelvis & Thigh
238	08	M	Osteomyelitis
239	08	M	Pathological Fractures/Musculoskeletal/Connective Tissue Malig
240	08	M	Connective Tissue Disorders w cc
241	08	M	Connective Tissue Disorders w/o cc
242	08	M	Septic Arthritis
243	08	M	Medical Back Problems
244	08	M	Bone Diseases & Specific Arthropathies w cc
245	08	M	Bone Diseases & Specific Arthropathies w/o cc
246	08	M	Non-Specific Arthropathies
247	08	M	Signs & Symptoms Musculoskeletal System & Connective Tissue
248	08	M	Tendonitis, Myositis & Bursitis
249	08	M	Aftercare, Musculoskeletal System & Connective Tissue
250	08	M	Fracture/Sprain/Strain/Disloa of Forearm/Hand/Foot Age >17 w cc
251	08	M	Fracture/Sprn/Strain/Dislo of Forearm, Hand, Foot Age >17 w/o cc
252	08	M	Fracture/Sprain/Strain/Dislocate of Forearm, Hand, Foot Age 0-17
253	08	M	Fracture/Sprn/Strn/Disl of Uparm, Low Leg excp Foot Age >17 w cc
254	08	M	Fractu/Sprn/Strn/Disl of Uparm/Low Leg excp Foot Age >17 w/o cc
255	08	M	Fracture, Sprain, Strain/Disl of Uparm, Low Leg exc Foot Age 0-17
256	08	M	Other Musculoskeletal System & Connective Tissue Diagnoses
257	09	P	Total Mastectomy for Malignancy w cc
258	09	P	Total Mastectomy for Malignancy w/o cc
259	09	P	Subtotal Mastectomy for Malignancy w cc
260	09	P	Subtotal Mastectomy for Malignancy w/o cc
261	09	P	Breast Procedure for Non-Malignancy excep Biopsy & Local Excision
262	09	P	Breast Biopsy & Local Excision for Non-Malignancy
263	09	P	Skin Graft &/or Debride for Skin Ulcer or Cellulitis w cc
264	09	P	Skin Graft &/or Debride for Skin Ulcer or Cellulitis w/o cc
265	09	P	Skin Graft &/or Debride except for Skin Ulcer or Cellulitis w cc

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DRG	MDC	Category	Description
266	09	P	Skin Graft &/or Debride excpt for Skin Ulcer or Cellulitis w/o cc
267	09	P	Perianal & Pilonidal Procedures
268	09	P	Skin, Subcutaneous Tissue & Breast Plastic Procedures
269	09	P	Other Skin, Subcutaneous Tissue & Breast Procedures w cc
270	09	P	Other Skin, Subcutaneous Tissue & Breast Procedures w/o cc
271	09	M	Skin Ulcers
272	09	M	Major Skin Disorders w cc
273	09	M	Major Skin Disorders w/o cc
274	09	M	Malignant Breast Disorders w cc
275	09	M	Malignant Breast Disorders w/o cc
276	09	M	Non-Malignant Breast Disorders
277	09	M	Cellulitis Age >17 w cc
278	09	M	Cellulitis Age >17 w/o cc
279	09	M	Cellulitis Age 0-17
280	09	M	Trauma to the Skin, Subcutaneous Tissue & Breast Age >17 w cc
281	09	M	Trauma to the Skin, Subcutaneous Tissue & Breast Age >17 w/o cc
282	09	M	Trauma to the Skin, Subcutaneous Tissue & Breast Age 0-17
283	09	M	Minor Skin Disorders w cc
284	09	M	Minor Skin Disorders w/o cc
285	10	P	Amputate Lower Limb for Endocrine, Nutritional, & Metabolic Dis
286	10	P	Adrenal & Pituitary Procedures
287	10	P	Skn Grfts/Wound Debride for Endocrine/Nutritional/Metabolic Dis
288	10	P	Operating Room Procedures for Obesity
289	10	P	Parathyroid Procedures
290	10	P	Thyroid Procedures
291	10	P	Thyroglossal Procedures
292	10	P	Other Endocrine/Nutritional/Metabolic Operating Room Proc w cc
293	10	P	Other Endocrine/Nutritional/Metabolic Operating Room Proc w/o cc
294	10	M	Diabetes Age >35
295	10	M	Diabetes Age 0-35
296	10	M	Nutritional & Misc Metabolic Disorders Age >17 w cc
297	10	M	Nutritional & Misc Metabolic Disorders Age >17 w/o cc
298	10	M	Nutritional & Misc Metabolic Disorders Age 0-17
299	10	M	Inborn Errors of Metabolism
300	10	M	Endocrine Disorders w cc
301	10	M	Endocrine Disorders w/o cc
302	11	P	Kidney Transplant
303	11	P	Kidney, Ureter & Major Bladder Procedures for Neoplasm
304	11	P	Kidney, Ureter & Major Bladder Procedures for Non-Neoplasm w cc
305	11	P	Kidney, Ureter & Major Bladder Procedures for Non-Neoplasm w/o cc
306	11	P	Prostatectomy w cc
307	11	P	Prostatectomy w/o cc
308	11	P	Minor Bladder Procedures w cc
309	11	P	Minor Bladder Procedures w/o cc
310	11	P	Transurethral Procedures w cc
311	11	P	Transurethral Procedures w/o cc
312	11	P	Urethral Procedures, Age >17 w cc
313	11	P	Urethral Procedures, Age >17 w/o cc
314	11	P	Urethral Procedures, Age 0-17
315	11	P	Other Kidney & Urinary Tract Operating Room Procedures
316	11	M	Renal Failure
317	11	M	Admit for Renal Dialysis
318	11	M	Kidney & Urinary Tract Neoplasms w cc

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DRG	MDC	Category	Description
319	11	M	Kidney & Urinary Tract Neoplasms w/o cc
320	11	M	Kidney & Urinary Tract Infections Age >17 w cc
321	11	M	Kidney & Urinary Tract Infections Age >17 w/o cc
322	11	M	Kidney & Urinary Tract Infections Age 0-17
323	11	M	Urinary Stones w cc, &/or Extracorporeal Shock Wave Lithotripsy
324	11	M	Urinary Stones w/o cc
325	11	M	Kidney & Urinary Tract Signs & Symptoms Age >17 w cc
326	11	M	Kidney & Urinary Tract Signs & Symptoms Age >17 w/o cc
327	11	M	Kidney & Urinary Tract Signs & Symptoms Age 0-17
328	11	M	Urethral Stricture Age >17 w cc
329	11	M	Urethral Stricture Age >17 w/o cc
330	11	M	Urethral Stricture Age 0-17
331	11	M	Other Kidney & Urinary Tract Diagnoses Age >17 w cc
332	11	M	Other Kidney & Urinary Tract Diagnoses Age >17 w/o cc
333	11	M	Other Kidney & Urinary Tract Diagnoses Age 0-17
334	12	P	Major Male Pelvic Procedures w cc
335	12	P	Major Male Pelvic Procedures w/o cc
336	12	P	Transurethral Prostatectomy w cc
337	12	P	Transurethral Prostatectomy w/o cc
338	12	P	Testes Procedures, for Malignancy
339	12	P	Testes Procedures, Non-Malignancy Age >17
340	12	P	Testes Procedures, Non-Malignancy Age 0-17
341	12	P	Penis Procedures
342	12	P	Circumcision Age >17
343	12	P	Circumcision Age 0-17
344	12	P	Other Male Reproductive System Operating Room Proc for Malignancy
345	12	P	Other Male Reproductive System Operate Rm Proc exc for Malignancy
346	12	M	Malignancy, Male Reproductive System w cc
347	12	M	Malignancy, Male Reproductive System w/o cc
348	12	M	Benign Prostatic Hypertrophy w cc
349	12	M	Benign Prostatic Hypertrophy w/o cc
350	12	M	Inflammation of Male Reproductive System
351	12	M	Sterilization, Male
352	12	M	Other Male Reproductive System Diagnoses
353	13	P	Pelvic Evisceration, Radical Hysterectomy & Radical Vulvectomy
354	13	P	Uterine, Adnexa Proc for Non-Ovarian/Adnexal Malignancy w cc
355	13	P	Uterine, Adnexa Proc for Non-Ovarian/Adnexal Malignancy w/o cc
356	13	P	Female Reproductive System Reconstructive Procedures
357	13	P	Uterine & Adnexa Proc for Ovarian or Adnexal Malignancy
358	13	P	Uterine & Adnexa Proc for Non-Malignancy w cc
359	13	P	Uterine & Adnexa Proc for Non-Malignancy w/o cc
360	13	P	Vagina, Cervix & Vulva Procedures
361	13	P	Laparoscopy & Incisional Tubal Interruption
362	13	P	Endoscopic Tubal Interruption
363	13	P	Dilation & Curettage, Conization & Radio-Implant, for Malignancy
364	13	P	Dilation & Curettage, Conization except for Malignancy
365	13	P	Other Female Reproductive System Operating Room Procedures
366	13	M	Malignancy, Female Reproductive System w cc
367	13	M	Malignancy, Female Reproductive System w/o cc
368	13	M	Infections, Female Reproductive System
369	13	M	Menstrual & other Female Reproductive System Disorders
370	14	P	Cesarean Section w cc
371	14	P	Cesarean Section w/o cc

**APPENDIX C**  
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DRG	MDC	Category	Description
372	14	M	Vaginal Delivery w Complicating Diagnoses
373	14	M	Vaginal Delivery w/o Complicating Diagnoses
374	14	P	Vaginal Delivery w Sterilization &/or Dilation & Curettage
375	14	P	Vaginal Delivery w Operation exc Sterilization/Dilation/Curettage
376	14	M	Postpartum & Post Abortion Diagnoses w/o Operating Room Procedure
377	14	P	Postpartum & Post Abortion Diagnoses w Operating Room Procedure
378	14	M	Ectopic Pregnancy
379	14	M	Threatened Abortion
380	14	M	Abortion w/o Dilation & Curettage
381	14	P	Abortion w Dilation/Curettage Aspiration Curettage or Hysterotomy
382	14	M	False Labor
383	14	M	Other Antepartum Diagnoses w Medical Complications
384	14	M	Other Antepartum Diagnoses w/o Medical Complications
385	15	M	Neonates, Died or Transferred to another Acute Care Facility
386	15	M	Extreme Immaturity or Respiratory Distress Syndrome, Neonate
387	15	M	Prematurity w Major Problems
388	15	M	Prematurity w/o Major Problems
389	15	M	Full Term Neonate w Major Problems
390	15	M	Neonate w other Significant Problems
391	15	M	Normal Newborn
392	16	P	Splenectomy Age >17
393	16	P	Splenectomy Age 0-17
394	16	P	Other Operating Room Procedures of Blood & Blood Forming Organs
395	16	M	Red Blood Cell Disorders Age >17
396	16	M	Red Blood Cell Disorders Age 0-17
397	16	M	Coagulation Disorders
398	16	M	Reticuloendothelial & Immunity Disorders w cc
399	16	M	Reticuloendothelial & Immunity Disorders w/o cc
400	00	0	Unused DRG Placeholder Since 10/1/03
401	17	P	Lymphoma & Non-Acute Leukemia w other O.R. Procedure w cc
402	17	P	Lymphoma & Non-Acute Leukemia w other O.R. Procedure w/o cc
403	17	M	Lymphoma & Non-Acute Leukemia w cc
404	17	M	Lymphoma & Non-Acute Leukemia w/o cc
405	17	M	Acute Leukemia w/o Major Operating Room Procedure 0-17
406	17	P	Myeloprolifera Disord/Poorly Diff Neoplasm w Major O.R. Proc w cc
407	17	P	Myeloprolif Disord/Poorly Diff Neoplasm w Major O.R. Proc w/o cc
408	17	P	Myeloproliferative Disord/Poorly Diff Neoplasm w other O.R. Proc
409	17	M	Radiotherapy
410	17	M	Chemotherapy w/o Acute Leukemia as Secondary Diagnosis
411	17	M	History of Malignancy w/o Endoscopy
412	17	M	History of Malignancy w Endoscopy
413	17	M	Other Myeloprolif Disorder or Poorly Diff Neoplasm Diag w cc
414	17	M	Other Myeloprolif Disorder or Poorly Diff Neoplasm Diag w/o cc
415	18	P	Operating Room Procedure for Infectious & Parasitic Diseases
416	18	M	Septicemia Age >17
417	18	M	Septicemia Age 0-17
418	18	M	Postoperative & Post-Traumatic Infections
419	18	M	Fever of Unknown Origin Age >17 w cc
420	18	M	Fever of Unknown Origin Age >17 w/o cc
421	18	M	Viral Illness Age >17
422	18	M	Viral Illness & Fever of Unknown Origin Age 0-17
423	18	M	Other Infectious & Parasitic Diseases Diagnoses
424	19	P	Operating Room Procedure w Principal Diagnoses of Mental Illness

**APPENDIX C**  
**DIAGNOSIS RELATED GROUPS (DRGs) for 2004**  
**DRG Grouper Version 21.0**

DRG	MDC	Category	Description
425	19	M	Acute Adjustment Reaction & Psychosocial Dysfunction
426	19	M	Depressive Neuroses
427	19	M	Neurosis except Depressive
428	19	M	Disorders of Personality & Impulse Control
429	19	M	Organic Disturbances & Mental Retardation
430	19	M	Psychoses
431	19	M	Childhood Mental Disorders
432	19	M	Other Mental Disorder Diagnoses
433	20	M	Alcohol/Drug Abuse or Dependence, Left Against Medical Advice
434	00	0	Unused DRG Placeholder Since 10/1/01
435	00	0	Unused DRG Placeholder Since 10/1/01
436	00	0	Unused DRG Placeholder Since 10/1/01
437	00	0	Unused DRG Placeholder Since 10/1/01
438	00	0	Unused DRG Placeholder Since 10/1/85
439	21	P	Skin Grafts for Injuries
440	21	P	Wound Debridements for Injuries
441	21	P	Hand Procedures for Injuries
442	21	P	Other Operating Room Procedures for Injuries w cc
443	21	P	Other Operating Room Procedures for Injuries w/o cc
444	21	M	Traumatic Injury Age >17 w cc
445	21	M	Traumatic Injury Age >17 w/o cc
446	21	M	Traumatic Injury Age 0-17
447	21	M	Allergic Reactions Age >17
448	21	M	Allergic Reactions Age 0-17
449	21	M	Poisoning & Toxic Effects of Drugs Age >17 w cc
450	21	M	Poisoning & Toxic Effects of Drugs Age >17 w/o cc
451	21	M	Poisoning & Toxic Effects of Drugs Age 0-17
452	21	M	Complications of Treatment w cc
453	21	M	Complications of Treatment w/o cc
454	21	M	Other Injury, Poisoning & Toxic Effects Diagnosis w cc
455	21	M	Other Injury, Poisoning & Toxic Effects Diagnosis w/o cc
456	00	0	Unused DRG Placeholder Since 10/1/98
457	00	0	Unused DRG Placeholder Since 10/1/98
458	00	0	Unused DRG Placeholder Since 10/1/98
459	00	0	Unused DRG Placeholder Since 10/1/98
460	00	0	Unused DRG Placeholder Since 10/1/98
461	23	P	O.R. Procedure w Diagnoses of Other Contact w Health Services
462	23	M	Rehabilitation
463	23	M	Signs & Symptoms w cc
464	23	M	Signs & Symptoms w/o cc
465	23	M	Aftercare w History of Malignancy as Secondary Diagnosis
466	23	M	Aftercare w/o History of Malignancy as Secondary Diagnosis
467	23	M	Other Factors Influencing Health Status
468		P	Extensive Operating Rm Procedure Unrelated to Principal Diagnosis
469		M	Principal Diagnosis Invalid as Discharge Diagnosis
470		X	Ungroupable
471	08	P	Bilateral or Multiple Major Joint Procedures of Lower Extremity
472	00	0	Unused DRG Placeholder Since 10/1/98
473	17	M	Acute Leukemia w/o Major Operating Room Procedure Age >17
474	00	0	Unused DRG Placeholder Since 10/1/91
475	04	M	Respiratory System Diagnosis w Ventilator Support
476		P	Prostatic Operating Rm Procedure Unrelated to Principal Diagnosis
477		P	Non-Extensive O.R. Procedure Unrelated to Principal Diagnosis

**APPENDIX C**  
**DIAGNOSIS RELATED GROUPS (DRGs) for 2004**  
**DRG Grouper Version 21.0**

DRG	MDC	Category	Description
478	05	P	Other Vascular Procedures w cc
479	05	P	Other Vascular Procedures w/o cc
480		P	Liver Transplant
481		P	Bone Marrow Transplant
482		P	Tracheostomy for Face, Mouth & Neck Diagnoses
483		P	Trach w Mech Vent 96+ Hrs or PDX exc Face, Mouth & Neck Diagnoses
484	24	P	Craniotomy for Multiple Significant Trauma
485	24	P	Limb Reattach, Hip & Femur Proc for Multiple Significant Trauma
486	24	P	Other Operating Room Procedures for Multiple Significant Trauma
487	24	M	Other Multiple Significant Trauma
488	25	P	HIV w Extensive Operating Room Procedure
489	25	M	HIV w Major Related Condition
490	25	M	HIV w or w/o Other Related Condition
491	08	P	Major Joint & Limb Reattachment Procedures of Upper Extremity
492	17	M	Chemotherapy w Acute Leukemia as Secondary Diagnosis
493	07	P	Laparoscopic Cholecystectomy w/o Common Duct Exploration w cc
494	07	P	Laparoscopic Cholecystectomy w/o Common Duct Exploration w/o cc
495		P	Lung Transplant
496	08	P	Combined Anterior/Posterior Spinal Fusion
497	08	P	Spinal Fusion except Cervical w cc
498	08	P	Spinal Fusion except Cervical w/o cc
499	08	P	Back & Neck Procedures ex Spinal Fusion w cc
500	08	P	Back & Neck Procedures ex Spinal Fusion w/o cc
501	08	P	Knee Procedures w Principal Diagnosis of Infection w cc
502	08	P	Knee Procedures w Principal Diagnosis of Infection w/o cc
503	08	P	Knee Procedures w/o Principal Diagnosis of Infection
504	22	P	Extensive 3rd Degree Burns w Skin Graft
505	22	M	Extensive 3rd Degree Burns w/o Skin Graft
506	22	P	Full Thickness Burn w Skin Graft/Inhalation Injury w cc/Sig Trauma
507	22	P	Full Thickness Burn w Skin Graft/Inhal Injury w/o cc/Sig Trauma
508	22	M	Full Thickness Burn w/o Skin Graft/Inhal Injury w cc/Sig Trauma
509	22	M	Full Thickness Burn w/o Skin Graft/Inhal Injury w/o cc/Sig Trauma
510	22	M	Non-Extensive Burns w cc or Significant Trauma
511	22	M	Non-Extensive Burns w/o cc or Significant Trauma
512		P	Simultaneous Pancreas/Kidney Transplant
513		P	Pancreas Transplant
514	00	0	Unused DRG Placeholder Since 10/1/03
515	05	P	Cardiac Defibrillator Implant w/o Cardiac Catheterization
516	05	P	Percutaneous Cardiovasc Proc w Acute Myocardial Infarction (AMI)
517	05	P	Percutaneous Cardiovasc Proc w Non-Drug Coronary Stent w/o AMI
518	05	P	Percutaneous Cardiovascular Proc w/o Coronary Artery Stent or AMI
519	08	P	Cervical Spinal Fusion w cc
520	08	P	Cervical Spinal Fusion w/o cc
521	20	M	Alcohol/Drug Abuse or Dependence w cc
522	20	M	Alcohol/Drug Abuse or Dependence w Rehab Therapy w/o cc
523	20	M	Alcohol/Drug Abuse or Dependence w/o Rehab Therapy w/o cc
524	01	M	Transient Ischemia
525	05	P	Heart Assist System Implant
526	05	P	Percutaneous Cardiovascular Proc w Drug Eluting Stent w AMI
527	05	P	Percutaneous Cardiovascular Proc w Drug Eluting Stent w/o AMI
528	01	P	Intracranial Vascular Procedures w Principal Diagnosis Hemorrhage
529	01	P	Ventricular Shunt Procedures w cc
530	01	P	Ventricular Shunt Procedures w/o cc

**APPENDIX C**  
**DIAGNOSIS RELATED GROUPS (DRGs) for 2004**  
**DRG Grouper Version 21.0**

DRG	MDC	Category	Description
531	01	P	Spinal Procedures w cc
532	01	P	Spinal Procedures w/o cc
533	01	P	Extracranial Procedures w cc
534	01	P	Extracranial Procedures w/o cc
535	05	P	Cardiac Defib Implant w Cardiac Cath w AMI/Heart Failure/Shock
536	05	P	Cardiac Defib Implant w Cardiac Cath w/o AMI/Heart Failure/Shock
537	08	P	Local Excis & Removal of Internl Fix Device except Hip/Femur w cc
538	08	P	Local Excis & Removal of Intrnl Fix Device excep Hip/Femur w/o cc
539	17	P	Lymphoma & Leukemia w Major Operating Room Proc w cc
540	17	P	Lymphoma & Leukemia w Major Operating Room Procedure w/o cc

**DRGs**

First, the major diagnostic category (MDC) is assigned based on the principal diagnosis. Then, the record is assigned to one of the diagnosis related groups (DRG) within that MDC.

**Pre MDC DRGs**

For the five DRGs listed below, the DRG is assigned first, based on any procedure for liver transplant, bone marrow transplant, tracheostomy, or lung transplant, then it is assigned an MDC based on principal diagnosis:

- 480 - Liver Transplant
- 481 - Bone Marrow Transplant
- 482 - Tracheostomy for Face, Mouth & Neck Diagnoses
- 483 - Tracheostomy Except for Face, Mouth & Neck Diagnoses
- 495 - Lung Transplant

**Unrelated DRGs:**

The current version of the Grouper has four DRGs (468, 470, 476, and 477) whose patients may be assigned to a variety of MDCs, based on the principal diagnosis. Patients are assigned to DRGs 468, 476 or 477 when all procedures performed are unrelated to the principal diagnosis. Some patients in DRG 470 are not assigned by the Grouper to any MDC; their MDC is shown as 00 (Ungroupable). Records fall in DRG 470 because the information on the record is considered inconsistent or invalid by the Grouper's algorithm.

**CC**

Complications or Comorbidities. A **comorbidity** is a pre-existing condition which, because of its presence with a specific principal diagnosis, affects the treatment received, and/or length of stay by at least one day in 75% of the cases, and therefore affects the DRG assignment. A complication is a condition that develops following treatment and may affect the treatment received and/or may affect the length of stay by at least one day in at least 75% of the cases, and therefore affects the DRG assignment.

The Health Care Financing Administration (HCFA) developed five principles for complication and comorbidity:

- 1 - Chronic and acute manifestations of the same condition should not be considered CCs for one another.
- 2 - Specific and nonspecific diagnosis codes for a condition should not be considered CCs for one another.
- 3 - Conditions that may not coexist, such as partial/total, unilateral/bilateral, obstructed/unobstructed, and benign/malignant should not be considered CCs for one another.
- 4 - The same condition in anatomically proximal sites, such as congenital/acquired, should not be considered CCs for one another.
- 5 - Closely related conditions, such as symptoms to the related condition (e.g., dysuria and urinary tract infection), should not be considered CCs for one another.

**Med/Surg codes:**

P = Procedural (surgical)  
M = Medical

**Source:**

DRGs: Diagnostic Related Groups Definitions Manual, Version 21.0, effective 10/1/03, Developed for the federal Health Care Financing Administration by 3M® Health Information Systems, New Haven CT 06511

**APPENDIX D**  
2004 Data Exceptions, by Hospital

Oshpd_id	Facility Name	Begin Date	End Date	Action Description	Comments
301098	Anaheim Memorial Medical Center	07/01/2004	02/28/2005	Source of Admission Route	Code 132 over-reported due to coder training issue and abstract that did not allow coders to select "seen in the ER" properly.
331164	Desert Regional Medical Center	07/01/2004	12/31/2004	Source of Admission Route	An error in their new data system caused a 35% shift in data from code 131 to 132.
196168	Earl & Lorraine Miller Children's Hospital	07/01/2004	12/31/2004	Race (Race Portion Only)	'Unknown' race over-reported at 6.86%.
190685	Elastar Community Hospital	07/01/2003	06/30/2004	Other Diagnoses Condition Present at Admission	All codes were noted as 'Yes' due to coder misunderstanding. Problem was fixed for discharges beginning in early April.
400480	French Hospital - San Luis Obispo	07/01/2004	06/30/2005	Race	Inconsistent reporting by admit staff.
	All Kaiser Foundation Hospitals (see Appendix F, hospital listing for respective ID numbers)	01/01/2004	12/31/2004	Total Charges	Kaiser does not report total charges. Only a small percentage of Kaiser Foundation Hospital patients are not capitated Kaiser members (who incur no additional charge as inpatients). Kaiser members pay constant monthly premiums, whether or not they are hospital inpatients.
500954	Kindred Hospital Modesto	01/01/2004	04/30/2004	Prehospital Care and Resuscitation	Old owner did not collect DNR from January through April.
260011	Mammoth Hospital	07/01/2004	06/30/2005	Race	Hospital submitted several records without race data.
370755	Palomar Medical Center	07/01/2004	12/31/2004	Expected Source of Payment	Changing systems caused a mapping problem.
370977	Pomerado Hospital	07/01/2004	12/31/2004	Expected Source of Payment	Changing systems caused a mapping problem.
430879	San Jose Medical Center	07/01/2004	12/09/2004	Other	Facility closed on 12/9/2004. There will not be any staff available to correct any problems detected.



**APPENDIX D**  
2004 Data Exceptions, by Hospital

Oshpd_id	Facility Name	Begin Date	End Date	Action Description	Comments
410782	San Mateo Medical Center	01/01/2004	12/31/2004	Other	San Mateo Medical Center and San Mateo Medical Center Long Term Care Services are now reporting under separate facility numbers.
410752	San Mateo Medical Center Long Term Care Services	01/01/2004	12/31/2004	Other	
190691	Santa Teresita Hospital	01/01/2004	01/09/2004	Other	Facility closed on 1/9/2004. There will not be any staff available to correct any problems detected.
190712	Shriners Hospital - Los Angeles	01/01/2004	12/31/2004	Total Charges	Both Shriners facilities now report all total charges as \$0 rather than \$1. Per facility, "this is in keeping with the type of service that Shriners supplies in that services rendered are not charged for." This is different than other reported hospital "No Charge" records, because "1" is a code to identify "no charge" visits (no charges were intended). By reporting charges equal 0, for programming purposes, all records for Shriners now appear to have "missing/invalid data" for Total Charges. See Total Charges definition on page 27 of documentation).
				Expected Source of Payment	
344114	Shriners Hospital - Northern California	01/01/2004	12/31/2004	Total Charges	Expected Source of Payment for all Shriners records are now reported as 'Private, Traditional Coverage' with no plan code (03,3,0000).
				Expected Source of Payment	
574010	Sutter Davis Hospital	01/01/2004	06/30/2004	Race (Ethnicity Portion Only)	High number of 'Unknown' ethnicity reported due to facility oversight.

**APPENDIX E**  
2004 Managed Care - Knox-Keene/MCOHS

<b>Table 1 - Knox-Keene Licensed Plans and Plan Code Numbers</b>	
<b>Plan Code Numbers</b>	<b>Plan Code Names</b>
0000	Plan Code not applicable
0296	AET Health Care Plan Of California
0176	Aetna Health Plans of California, Inc.
0328	Alameda Alliance for Health
0322	American Family Care
0397	Avante Behavioral Health Plan
0303	Blue Cross of California
0043	Blue Shield of California
0352	Brown and Toland Medical Group
0394	Caloptima (Orange County)
0326	Care 1st Health Plan
0408	CareMore Insurance Services, Inc.
0366	Cedars-Sinai Provider Plan, LLC
0401	Central Coast Alliance For Health (Santa Cruz County/Monterey County)
0404	Central Health Plan
0278	Chinese Community Health Plan
0298	Cigna Behavioral Health of California
0152	Cigna HealthCare of California, Inc.
0200	Community Health Group
0248	Community Health Plan (County of Los Angeles)
0054	Contra Costa Health Plan
0292	HAI, Hai-Ca
0300	Health Net of California, Inc.
0126	Health Plan of America (HPA)
0358	Health Plan Of San Mateo
0159	Health Plan of the Redwoods
0357	Heritage Provider Network, Inc.
0319	HHRC, Integrated Insights
0231	Holman Professional Counseling Centers
0346	Inland Empire Health Plan (IEHP)
0151	Inter Valley Health Plan
0055	Kaiser Foundation Health Plan, Inc.
0335	Kern Health Systems Inc
0355	LA Care Health Plan
0142	Lifeguard, Inc.
0196	Managed Health Network
0288	MBC of California
0390	Medcore HP
0288	Merit Behavioral Care of California, Inc. (MBC)
0322	Molina Healthcare of California
0385	On Lok Senior Health Services
0325	One Health Plan of California Inc.
0301	PacifiCare Behavioral Health of California
0126	PacifiCare of California
0367	Primecare Medical Network, Inc.

**APPENDIX E**  
2004 Managed Care - Knox-Keene/MCOHS

<b>Table 1 - Knox-Keene Licensed Plans and Plan Code Numbers</b>	
<b>Plan Code Numbers</b>	<b>Plan Code Names</b>
0380	ProMed Health Care Administrators
0354	Regents of the University of California
0349	San Francisco Health Plan
0400	Santa Barbara Regional Health Authority
0351	Santa Clara Family Health Plan
0236	Santa Clara Valley Medical Center
0212	SCAN Health Plan
0377	Scripps Clinic Health Plan Services, Inc.
0126	Secure Horizons
0310	Sharp Health Plan
0393	Simnsa Health Care
0393	Sistemas Medicos Nacionales, S.A. De C.V.
0212	Smartcare Health Plan
0338	The Health Plan of San Joaquin
0324	Tower Health Service
0259	U.S. Behavioral Health Plan, California
0266	UHC Healthcare
0008	UHP Healthcare
0209	Universal Care
0236	Valley Health Plan
0293	Value Behavioral Health of California, Inc.
0293	ValueOptions of California, Inc.
0344	Ventura County Health Care Plan
0102	Vista Behavioral Health Plan
0348	Western Health Advantage
8000	Other HMO

<b>Table 2. Medi-Cal County Organized Health Systems and Plan Code Numbers</b>	
<b>Plan Code Numbers</b>	<b>Name of Medi-Cal County Organized Health System</b>
0000	Plan Code not applicable
9030	Cal Optima (Orange County)
9044	Central Coast Alliance for Health (Santa Cruz County)
9041	Health Plan of San Mateo (San Mateo County)
9042	Santa Barbara Health Authority (Santa Barbara County)
9048	Solano Partnership Health Plan (Solano County)

Related Plans:            If the plan code numbers are the same and the plan names are different, it means they belong to same "parent" plan.

**APPENDIX F**  
**2004 Hospital Listing**

See footnotes on last page

OSHPD ID Number	Parent Facility Name	Zip Code	DHS/DMH* License Number	Level of Data Aggregation**	Number of Consolidated Locations***	Total Discharges
<b>2004 Total</b>						<b>3,957,640</b>
010846	ALAMEDA CO MED CTR - HIGHLAND CAMPUS	94602	140000046	Consolidated	2	14,272
010735	ALAMEDA HOSPITAL	94501	140000002	Single Facility		3,104
190017	ALHAMBRA HOSPITAL	91801	930000005	Single Facility		4,233
010844	ALTA BATES SUMMIT MED CTR - HERRICK CAMPUS	94704	140000004	Satellite Facility		3,637
010739	ALTA BATES SUMMIT MED CTR-ALTA BATES CAMPUS	94705	140000004	Parent Facility		25,733
010937	ALTA BATES SUMMIT MED CTR-SUMMIT CAMPUS-HAWT	94609	140000284	Consolidated	2	20,791
370652	ALVARADO HOSPITAL MEDICAL CENTER	92120	90000013	Consolidated	2	8,550
370749	ALVARADO PARKWAY INSTITUTE B.H.S.	91942	80000079	Single Facility		2,116
194010	AMERICAN RECOVERY CENTER	91768	930000412	Single Facility		1,620
301097	ANAHEIM GENERAL HOSPITAL	92804	60000079	Consolidated	2	3,488
301098	ANAHEIM MEMORIAL MEDICAL CENTER	92801	60000080	Single Facility		14,899
190034	ANTELOPE VALLEY HOSPITAL MEDICAL CENTER	93534	930000008	Single Facility		27,616
364231	ARROWHEAD REGIONAL MEDICAL CENTER	92314	240000197	Single Facility		23,380
400466	ARROYO GRANDE COMMUNITY HOSPITAL	93420	50000021	Single Facility		3,005
190163	AURORA CHARTER OAK	91724	930000031	Single Facility		4,082
190462	AURORA LAS ENCINAS HOSPITAL, LLC	91107	930000087	Single Facility		2,474
374024	AURORA SAN DIEGO	92128	80000310	Single Facility		2,611
560203	AURORA VISTA DEL MAR HOSPITAL	93001	50000016	Single Facility		2,815
190045	AVALON MUNICIPAL HOSPITAL	90704	930000010	Single Facility		65
154101	BAKERSFIELD HEART HOSPITAL	93308	120000526	Single Facility		3,869
154044	BAKERSFIELD MEMORIAL HOSPITAL - WHITE LANE	93309	120000181	Satellite Facility		1,057
150722	BAKERSFIELD MEMORIAL HOSPITAL- 34TH STREET	93301	120000181	Parent Facility		16,793
184008	BANNER LASSEN MEDICAL CENTER	96130	230000020	Single Facility		1,455
190052	BARLOW RESPIRATORY HOSPITAL	90026	930000011	Single Facility		523
361105	BARSTOW COMMUNITY HOSPITAL	92311	240000110	Single Facility		2,949
090793	BARTON MEMORIAL HOSPITAL	96150	30000013	Single Facility		3,882
361110	BEAR VALLEY COMMUNITY HOSPITAL	92315	240000111	Single Facility		408
190066	BELLFLOWER MEDICAL CENTER	90706	930000015	Single Facility		5,986
330120	BETTY FORD CENTER AT EISENHOWER, THE	92270	250000049	Single Facility		1,120
190081	BEVERLY HOSPITAL	90640	930000389	Single Facility		11,966
190020	BHC ALHAMBRA HOSPITAL	91770	930000006	Single Facility		3,148
040802	BIGGS GRIDLEY MEMORIAL HOSPITAL	95948	230000007	Single Facility		751
301126	BREA COMMUNITY HOSPITAL	92621	60000204	Single Facility		2,386
190110	BROTMAN MEDICAL CENTER	90231	930000022	Single Facility		9,264
044006	BUTTE COUNTY PHF	95926	MH1016001	Single Facility		1,304
190125	CALIFORNIA HOSPITAL MEDICAL CENTER - LOS ANGEL	90015	930000024	Single Facility		18,237
380929	CALIFORNIA PACIFIC MED CTR-PACIFIC CAMPUS	94115	220000197	Consolidated	4	36,446
364050	CANYON RIDGE HOSPITAL	91710	240000357	Single Facility		3,372
190137	CASA COLINA HOSPITAL FOR REHAB MEDICINE	91767	930000026	Single Facility		1,002
190555	CEDARS SINAI MEDICAL CENTER	90048	930000110	Single Facility		52,731
190148	CENTINELA HOSPITAL MEDICAL CENTER	90301	930000027	Single Facility		16,739
160787	CENTRAL VALLEY GENERAL HOSPITAL	93230	40000140	Single Facility		5,475
100791	CENTRAL VALLEY ORTHOPEDIC AND SPINE INSTITUTE	93657	40000144	Single Facility		31
190155	CENTURY CITY HOSPITAL	90067	930000029	Single Facility		1,271
301140	CHAPMAN MEDICAL CENTER	92669	60000097	Single Facility		2,522
370673	CHILDREN'S HOSPITAL - SAN DIEGO	92123	80000028	Consolidated	2	12,841
010776	CHILDRENS HOSPITAL AND RESEARCH CTR AT OAKLA	94609	140000015	Single Facility		8,876
304113	CHILDREN'S HOSPITAL AT MISSION	92691	60000348	Single Facility		2,049
204019	CHILDREN'S HOSPITAL CENTRAL CALIFORNIA	93638	40000160	Single Facility		12,252
190170	CHILDREN'S HOSPITAL OF LOS ANGELES	90027	930000032	Single Facility		10,819
300032	CHILDREN'S HOSPITAL OF ORANGE COUNTY	92668	60000011	Single Facility		10,158
434051	CHILDRENS RECOVERY CENTER OF NORTHERN CALIF	95008	70000320	Single Facility		25
382715	CHINESE HOSPITAL	94133	220000122	Single Facility		2,191
361144	CHINO VALLEY MEDICAL CENTER	91710	240000125	Single Facility		7,065
200692	CHOWCHILLA DISTRICT MEMORIAL HOSPITAL	93610	40000083	Single Facility		74
190413	CITRUS VALLEY MEDICAL CENTER - IC CAMPUS	91723	930000131	Satellite Facility		8,590
190636	CITRUS VALLEY MEDICAL CENTER - QV CAMPUS	91790	930000131	Parent Facility		22,293

**APPENDIX F**  
2004 Hospital Listing

See footnotes on last page

OSHPD ID Number	Parent Facility Name	Zip Code	DHS/DMH* License Number	Level of Data Aggregation**	Number of Consolidated Locations***	Total Discharges
190661	CITY OF ANGELS MEDICAL CENTER-DOWNTOWN CAMP	90026	930000137	Parent Facility		3,299
190410	CITY OF ANGELS MEDICAL CENTER-INGLESIDE CAMPUS	91770	930000137	Satellite Facility		3,582
190176	CITY OF HOPE NATIONAL MEDICAL CENTER	91010	930000033	Single Facility		4,529
100697	COALINGA REGIONAL MEDICAL CENTER	93210	40000085	Single Facility		617
190766	COAST PLAZA DOCTORS HOSPITAL	90650	930000162	Single Facility		4,389
301258	COASTAL COMMUNITIES HOSPITAL	92704	60000143	Single Facility		8,557
190184	COLLEGE HOSPITAL	90701	930000036	Single Facility		6,504
301155	COLLEGE HOSPITAL COSTA MESA	92627	60000100	Single Facility		4,997
361458	COLORADO RIVER MEDICAL CENTER	92363	240000227	Single Facility		2,401
060870	COLUSA REGIONAL MEDICAL CENTER	95932	230000149	Single Facility		1,179
190197	COMMUNITY AND MISSION HSP OF HNTG PK - SLAUSON	90255	930000038	Consolidated	2	8,227
270744	COMMUNITY HOSPITAL MONTEREY PENINSULA	93940	70000026	Single Facility		13,457
190196	COMMUNITY HOSPITAL OF GARDENA	90247	930000037	Single Facility		1,225
190475	COMMUNITY HOSPITAL OF LONG BEACH	90804	930000090	Single Facility		3,399
430743	COMMUNITY HOSPITAL OF LOS GATOS	95030	70000025	Single Facility		6,531
361323	COMMUNITY HOSPITAL OF SAN BERNARDINO	92411	240000198	Single Facility		12,660
100005	COMMUNITY MEDICAL CENTER - CLOVIS	93612	40000004	Single Facility		12,503
100717	COMMUNITY MEDICAL CENTER - FRESNO	93721	40000096	Consolidated	2	30,776
560473	COMMUNITY MEMORIAL HOSPITAL-SAN BUENAVENTURA	93003	50000026	Single Facility		17,848
374094	CONTINENTAL REHABILITATION HOSPITAL OF SAN DIEGO	92103	90000404	Single Facility		753
070924	CONTRA COSTA REGIONAL MEDICAL CENTER	94553	140000090	Single Facility		11,275
160702	CORCORAN DISTRICT HOSPITAL	93212	40000087	Single Facility		610
331152	CORONA REGIONAL MEDICAL CENTER-MAIN	92882	250000126	Consolidated	2	11,118
390846	DAMERON HOSPITAL	95203	30000024	Single Facility		15,679
190500	DANIEL FREEMAN MARINA HOSPITAL	90291	930000096	Single Facility		2,665
190230	DANIEL FREEMAN MEMORIAL HOSPITAL	90301	930000044	Single Facility		11,664
190232	DEL AMO HOSPITAL	90505	930000045	Single Facility		2,856
150706	DELANO REGIONAL MEDICAL CENTER	93215	120000180	Single Facility		4,564
331164	DESERT REGIONAL MEDICAL CENTER	92262	250000139	Single Facility		21,972
364144	DESERT VALLEY HOSPITAL	92392	240000562	Single Facility		6,165
361166	DOCTORS' HOSPITAL MEDICAL CENTER OF MONTCLAIR	91763	240000141	Single Facility		6,917
392287	DOCTORS HOSPITAL OF MANTECA	95336	30000203	Single Facility		4,084
190857	DOCTORS HOSPITAL OF WEST COVINA, INC	91790	930000188	Single Facility		359
500852	DOCTORS MEDICAL CENTER	95350	30000026	Parent Facility		23,349
070904	DOCTORS MEDICAL CENTER - SAN PABLO CAMPUS	94806	110000485	Consolidated	2	8,159
440755	DOMINICAN HOSPITAL-SANTA CRUZ/SOQUEL	95065	70000030	Consolidated	2	13,934
240853	DOS PALOS MEMORIAL HOSPITAL	93620	40000168	Single Facility		25
190243	DOWNEY REGIONAL MEDICAL CENTER	90241	930000048	Single Facility		13,229
196168	EARL AND LORRAINE MILLER CHILDRENS HOSPITAL	90806	930000949	Single Facility		14,887
190256	EAST LOS ANGELES DOCTORS HOSPITAL	90023	930000049	Single Facility		4,295
190328	EAST VALLEY HOSPITAL MEDICAL CENTER	91740	930000060	Single Facility		3,675
320859	EASTERN PLUMAS HOSPITAL-PORTOLA CAMPUS	96122	230000014	Consolidated	2	591
010805	EDEN MEDICAL CENTER	94546	140000030	Consolidated	3	10,761
331168	EISENHOWER MEMORIAL HOSPITAL	92270	250000142	Single Facility		16,088
430763	EL CAMINO HOSPITAL	94040	70000660	Single Facility		21,031
130699	EL CENTRO REGIONAL MEDICAL CENTER	92243	90000004	Single Facility		7,911
094002	EL DORADO COUNTY P H F	95667	MH1015002	Single Facility		428
190685	ELASTAR COMMUNITY HOSPITAL	90022	930000145	Single Facility		2,156
500867	EMANUEL MEDICAL CENTER, INC	95380	30000035	Single Facility		13,456
190280	ENCINO-TARZANA REGIONAL MED CTR-ENCINO	91436	930000051	Single Facility		3,943
190517	ENCINO-TARZANA REGIONAL MED CTR-TARZANA	91356	930000097	Single Facility		17,320
040962	ENLOE MEDICAL CENTER- ESPLANADE CAMPUS	95926	230000027	Consolidated	3	15,624
474007	FAIRCHILD MEDICAL CENTER	96097	230000035	Single Facility		2,034
370705	FALLBROOK HOSPITAL DISTRICT	92028	80000005	Consolidated	2	3,338
040875	FEATHER RIVER HOSPITAL	95969	230000017	Single Facility		5,312
190298	FOOTHILL PRESBYTERIAN HOSPITAL-JOHNSTON MEMO	91741	930000052	Single Facility		6,542
301175	FOUNTAIN VALLEY RGNL HOSP AND MED CTR - EUCLID	92708	60000109	Consolidated	2	20,911
230949	FRANK R HOWARD MEMORIAL HOSPITAL	95490	110000013	Single Facility		1,044

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014034	FREMONT HOSPITAL	94538	140000347	Single Facility		3,478
510882	FREMONT MEDICAL CENTER	95991	230000126	Satellite Facility		8,576
400480	FRENCH HOSPITAL MEDICAL CENTER	93401	50000031	Single Facility		4,288
104089	FRESNO COUNTY PSYCHIATRIC HEALTH FACILITY	93702	MH1016028	Single Facility		532
105029	FRESNO HEART HOSPITAL	93720	40000551	Single Facility		2,329
104047	FRESNO SURGERY CENTER	93710	40000332	Single Facility		1,770
301283	GARDEN GROVE HOSPITAL AND MEDICAL CENTER	92643	60000152	Single Facility		10,368
190315	GARFIELD MEDICAL CENTER	91754	930000057	Single Facility		15,402
190317	GATEWAYS HOSPITAL AND MENTAL HEALTH CENTER	90026	930000058	Single Facility		656
270777	GEORGE L MEE MEMORIAL HOSPITAL	93930	70000047	Single Facility		2,494
190323	GLENDALE ADVENTIST MEDICAL CENTER - WILSON TE	91206	930000059	Single Facility		19,592
190522	GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER	91204	930000099	Single Facility		16,498
110889	GLENN MEDICAL CENTER	95988	230000018	Single Facility		287
420483	GOLETA VALLEY COTTAGE HOSPITAL	93111	50000034	Single Facility		2,413
150775	GOOD SAMARITAN HOSPITAL-BAKERSFIELD	93308	120000146	Single Facility		2,378
190392	GOOD SAMARITAN HOSPITAL-LOS ANGELES	90017	930000071	Single Facility		18,948
430779	GOOD SAMARITAN HOSPITAL-SAN JOSE	95124	70000048	Consolidated	2	19,983
190352	GREATER EL MONTE COMMUNITY HOSPITAL	91733	930000063	Single Facility		5,385
370714	GROSSMONT HOSPITAL	91942	80000006	Single Facility		26,598
160725	HANFORD COMMUNITY MEDICAL CENTER	93230	40000102	Single Facility		4,032
350784	HAZEL HAWKINS MEMORIAL HOSPITAL	95023	70000004	Consolidated	2	3,377
490964	HEALDSBURG DISTRICT HOSPITAL	95448	110000019	Single Facility		714
304159	HEALTHBRIDGE CHILDREN'S HOSPITAL-ORANGE	92866	60000530	Single Facility		55
154022	HEALTHSOUTH BAKERSFIELD REHABILITATION HOSPIT	93309	120000248	Single Facility		1,020
304079	HEALTHSOUTH TUSTIN REHABILITATION HOSPITAL	92680	60000303	Single Facility		1,056
380842	HEBREW HOME FOR THE AGED DISABLED/APH	94112	220000224	Single Facility		342
331194	HEMET VALLEY MEDICAL CENTER	92543	250000145	Single Facility		17,012
190949	HENRY MAYO NEWHALL MEMORIAL HOSPITAL	91355	930000206	Single Facility		12,317
344021	HERITAGE OAKS HOSPITAL	95841	30000357	Single Facility		2,744
362041	HI-DESERT MEDICAL CENTER	92252	240000231	Single Facility		3,639
301205	HOAG MEMORIAL HOSPITAL PRESBYTERIAN	92663	60000122	Single Facility		29,041
190380	HOLLYWOOD COMMUNITY HOSPITAL OF HOLLYWOOD	90028	930000066	Parent Facility		1,666
190814	HOLLYWOOD COMMUNITY HOSPITAL OF VAN NUYS	91401	930000066	Satellite Facility		2,120
301209	HUNTINGTON BEACH HOSPITAL	92647	60000124	Single Facility		4,658
190400	HUNTINGTON MEMORIAL HOSPITAL	91105	930000372	Single Facility		28,481
320874	INDIAN VALLEY HOSPITAL	95947	230000016	Single Facility		154
304045	IRVINE REGIONAL HOSPITAL AND MEDICAL CENTER	92718	60000275	Single Facility		11,288
121031	JEROLD PHELPS COMMUNITY HOSPITAL	95542	110000052	Single Facility		97
220733	JOHN C FREMONT HEALTHCARE DISTRICT	95338	40000108	Single Facility		306
331216	JOHN F KENNEDY MEMORIAL HOSPITAL	92201	250000155	Single Facility		11,996
070988	JOHN MUIR MEDICAL CENTER	94598	140000265	Single Facility		20,599
301132	KAISER FND HOSP - ANAHEIM	92807	60000091	Single Facility		15,283
196035	KAISER FND HOSP - BALDWIN PARK	91706	930000920	Single Facility		15,791
190430	KAISER FND HOSP - BELLFLOWER	90706	930000078	Single Facility		21,143
361223	KAISER FND HOSP - FONTANA	92335	240000159	Single Facility		26,291
014132	KAISER FND HOSP - FREMONT	94538	140000053	Satellite Facility		4,479
104062	KAISER FND HOSP - FRESNO	93720	40000384	Single Facility		9,564
380857	KAISER FND HOSP - GEARY S F	94115	220000188	Single Facility		15,404
190431	KAISER FND HOSP - HARBOR CITY	90710	930000079	Consolidated	2	14,174
010858	KAISER FND HOSP - HAYWARD	94545	140000053	Parent Facility		14,681
190646	KAISER FND HOSP - MENTAL HEALTH CENTER	90012	930000077	Satellite Facility		2,453
010856	KAISER FND HOSP - OAKLAND CAMPUS	94611	140000052	Parent Facility		14,953
190432	KAISER FND HOSP - PANORAMA CITY	91402	930000080	Single Facility		14,322
364110	KAISER FND HOSP - PERMANENTE CHEM DEP PROGRA	92335	240000488	Single Facility		650
410804	KAISER FND HOSP - REDWOOD CITY	94063	220000021	Single Facility		9,449
480989	KAISER FND HOSP - REHABILITATION CENTER VALLEJO	94590	110000026	Single Facility		17,362
334025	KAISER FND HOSP - RIVERSIDE	92505	250000327	Single Facility		17,698
340913	KAISER FND HOSP - SACRAMENTO	95825	30000052	Parent Facility		19,851

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370730	KAISER FND HOSP - SAN DIEGO	92120	80000062	Single Facility		29,753
210992	KAISER FND HOSP - SAN RAFAEL	94903	110000357	Single Facility		5,943
430805	KAISER FND HOSP - SANTA CLARA	95051	70000661	Single Facility		20,398
494019	KAISER FND HOSP - SANTA ROSA	95403	110000213	Single Facility		10,231
431506	KAISER FND HOSP - SANTA TERESA COMMUNITY HOSP	95119	70000117	Single Facility		16,259
342344	KAISER FND HOSP - SOUTH SACRAMENTO	95823	30000228	Single Facility		15,759
410806	KAISER FND HOSP - SOUTH SAN FRANCISCO	94080	220000022	Single Facility		6,450
190429	KAISER FND HOSP - SUNSET	90027	930000077	Parent Facility		22,935
314024	KAISER FND HOSP - VALLEY MEDICAL CENTER	95661	30000052	Satellite Facility		10,400
070990	KAISER FND HOSP - WALNUT CREEK	94596	140000290	Parent Facility		21,565
190434	KAISER FND HOSP - WEST LA	90034	930000081	Single Facility		12,284
191450	KAISER FND HOSP - WOODLAND HILLS	91367	930000358	Single Facility		13,563
071010	KAISER FND HOSP-MARTINEZ/WALNUT CREEK (MUIR R	94553	140000290	Satellite Facility		182
074093	KAISER FND HOSP - RICHMOND CAMPUS	94804	140000052	Satellite Facility		3,403
540734	KAWEAH DELTA DISTRICT HOSPITAL	93291	120000580	Consolidated	3	25,128
190150	KEDREN COMMUNITY MENTAL HEALTH CENTER	90011	930000028	Single Facility		874
210993	KENTFIELD REHABILITATION HOSPITAL	94904	110000358	Single Facility		501
150736	KERN MEDICAL CENTER	93305	120000182	Single Facility		17,064
150737	KERN VALLEY HEALTHCARE DISTRICT	93240	120000183	Single Facility		1,240
190449	KINDRED HOSPITAL - LA MIRADA	90637	930000084	Consolidated	3	2,110
190305	KINDRED HOSPITAL - LOS ANGELES	90056	930000053	Single Facility		535
344035	KINDRED HOSPITAL - SACRAMENTO	95630	30000377	Single Facility		260
370721	KINDRED HOSPITAL - SAN DIEGO	92104	90000059	Single Facility		373
010887	KINDRED HOSPITAL - SAN FRANCISCO BAY AREA	94577	140000066	Single Facility		375
301127	KINDRED HOSPITAL BREA	92621	60000407	Single Facility		505
500954	KINDRED HOSPITAL MODESTO	95354	30000464	Single Facility		1,153
361274	KINDRED HOSPITAL ONTARIO	91764	240000561	Single Facility		846
301380	KINDRED HOSPITAL WESTMINSTER	92683	60000183	Single Facility		698
100745	KINGSBURG MEDICAL CENTER	93631	40000116	Single Facility		763
194981	LA CASA PSYCHIATRIC HEALTH FACILITY	90805	MH2014031	Single Facility		118
301234	LA PALMA INTERCOMMUNITY HOSPITAL	90623	60000136	Single Facility		5,402
191306	LAC/RANCHO LOS AMIGOS NATIONAL REHAB CENTER	90242	60000161	Single Facility		2,257
380865	LAGUNA HONDA HOSPITAL AND REHABILITATION CENT	94116	220000040	Single Facility		1,298
190240	LAKEWOOD REGIONAL MEDICAL CENTER	90712	930000046	Single Facility		8,478
190455	LANCASTER COMMUNITY HOSPITAL	93534	930000085	Single Facility		5,812
380868	LANGLEY PORTER PSYCHIATRIC INSTITUTE	94143	220000377	Single Facility		814
190680	LITTLE COMPANY OF MARY - SAN PEDRO HOSPITAL	90732	930000142	Consolidated	3	8,386
190470	LITTLE COMPANY OF MARY HOSPITAL	90503	930000089	Consolidated	2	20,178
390923	LODI MEMORIAL HOSPITAL	95240	30000056	Single Facility		8,911
364014	LOMA LINDA UNIVERSITY BEHAVIORIAL MEDICINE CENT	92373	240000281	Single Facility		4,495
361246	LOMA LINDA UNIVERSITY MEDICAL CENTER	92354	240000169	Consolidated	2	32,525
420491	LOMPOC HEALTHCARE DISTRICT	93436	50000038	Single Facility		3,125
190525	LONG BEACH MEMORIAL MEDICAL CENTER	90806	930000102	Single Facility		31,302
301248	LOS ALAMITOS MEDICAL CENTER	90720	60000142	Single Facility		10,579
191227	LOS ANGELES CO HARBOR-UCLA MEDICAL CENTER	90502	60000129	Single Facility		22,061
191230	LOS ANGELES CO MARTIN LUTHER KING JR/DREW MED	90059	60000132	Single Facility		9,475
191228	LOS ANGELES CO USC MEDICAL CENTER	90033	60000130	Single Facility		36,666
190198	LOS ANGELES COMMUNITY HOSPITAL	90023	930000039	Parent Facility		4,889
191231	LOS ANGELES COUNTY OLIVE VIEW-UCLA MEDICAL CE	91342	60000133	Single Facility		12,780
190854	LOS ANGELES METROPOLITAN MEDICAL CENTER	90018	930000187	Consolidated	2	7,206
560492	LOS ROBLES REGIONAL MEDICAL CENTER	91360	50000039	Consolidated	2	15,217
434040	LUCILE SALTER PACKARD CHILDREN'S HOSP. AT STAN	94304	70000659	Single Facility		17,181
121002	MAD RIVER COMMUNITY HOSPITAL	95521	110000031	Single Facility		2,973
201281	MADERA COMMUNITY HOSPITAL	93637	40000191	Single Facility		6,942
260011	MAMMOTH HOSPITAL	93546	240000008	Single Facility		866
420493	MARIAN MEDICAL CENTER	93454	50000040	Single Facility		14,362
244027	MARIE GREEN PSYCHIATRIC CENTER - P H F	95340	MH1016088	Single Facility		652
211006	MARIN GENERAL HOSPITAL	94904	110000361	Single Facility		12,650

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050932	MARK TWAIN ST. JOSEPH'S HOSPITAL	95249	30000058	Single Facility		1,930
090933	MARSHALL MEDICAL CENTER	95667	30000059	Single Facility		6,552
450936	MAYERS MEMORIAL HOSPITAL	96028	230000021	Single Facility		598
240924	MEMORIAL HOSPITAL LOS BANOS	93635	40000177	Single Facility		2,797
500939	MEMORIAL HOSPITAL MEDICAL CENTER - MODESTO	95355	30000061	Single Facility		19,394
190521	MEMORIAL HOSPITAL OF GARDENA	90247	930000098	Single Facility		5,151
231013	MENDOCINO COAST DISTRICT HOSPITAL	95437	110000040	Single Facility		2,081
334018	MENIFEE VALLEY MEDICAL CENTER	92585	250000338	Single Facility		5,136
414018	MENLO PARK SURGICAL HOSPITAL	94025	220000276	Single Facility		417
340947	MERCY GENERAL HOSPITAL	95819	30000062	Consolidated	2	19,921
150761	MERCY HOSPITAL - BAKERSFIELD	93301	120000184	Consolidated	2	16,097
344029	MERCY HOSPITAL - FOLSOM	95630	30000372	Single Facility		5,390
450949	MERCY MEDICAL CENTER	96001	230000024	Single Facility		14,901
240942	MERCY MEDICAL CENTER MERCED-COMMUNITY CAMP	95340	40000178	Single Facility		12,350
240948	MERCY MEDICAL CENTER MERCED-DOMINICAN CAMPU	95340	40000181	Single Facility		470
470871	MERCY MEDICAL CENTER MT. SHASTA	96067	230000015	Single Facility		1,640
340950	MERCY SAN JUAN HOSPITAL	95608	30000063	Single Facility		19,308
150830	MERCY WESTSIDE HOSPITAL	93268	120000189	Single Facility		55
340951	METHODIST HOSPITAL OF SACRAMENTO	95823	30000064	Single Facility		8,829
190529	METHODIST HOSPITAL OF SOUTHERN CALIFORNIA	91007	930000103	Single Facility		18,409
190534	MIDWAY HOSPITAL MEDICAL CENTER	90019	930000105	Single Facility		6,228
190524	MISSION COMMUNITY HOSPITAL - PANORAMA CAMPUS	91402	930000101	Single Facility		6,730
301262	MISSION HOSPITAL REGIONAL MEDICAL CENTER	92691	60000146	Single Facility		19,307
250956	MODOC MEDICAL CENTER	96101	230000026	Single Facility		293
190547	MONTEREY PARK HOSPITAL	91754	930000108	Single Facility		8,172
334048	MORENO VALLEY COMMUNITY HOSPITAL	92555	250000398	Single Facility		7,099
190552	MOTION PICTURE AND TELEVISION HOSPITAL	91364	930000109	Single Facility		1,333
361266	MOUNTAINS COMMUNITY HOSPITAL	92352	240000176	Single Facility		661
013687	MPI CHEMICAL DEPENDENCY RECOVERY HOSPITAL	94609	140000232	Single Facility		519
071018	MT. DIABLO MEDICAL CENTER	94520	140000128	Single Facility		9,500
074039	MT. DIABLO MEDICAL PAVILION	94520	140000418	Single Facility		2,630
281297	N M HOLDERMAN MEMORIAL HOSPITAL (VET'S HOME C	94599	150000494	Single Facility		644
274043	NATIVIDAD MEDICAL CENTER	93906	70000070	Single Facility		10,698
301304	NEWPORT BAY HOSPITAL	92663	60000160	Single Facility		735
481357	NORTH BAY MEDICAL CENTER	94533	110000093	Parent Facility		7,144
484001	NORTH BAY VACAVALLEY HOSPITAL	95687	110000093	Satellite Facility		2,520
454012	NORTHERN CALIFORNIA REHABILITATION HOSPITAL	96001	230000191	Single Facility		1,336
141273	NORTHERN INYO HOSPITAL	93514	240000179	Single Facility		1,235
190568	NORTHRIDGE HOSPITAL MEDICAL CENTER	91328	930000114	Single Facility		18,987
190810	NORTHRIDGE HOSPITAL MEDICAL CENTER - SHERMAN	91405	930000169	Single Facility		8,289
190570	NORWALK COMMUNITY HOSPITAL	90650	930000039	Satellite Facility		1,619
214034	NOVATO COMMUNITY HOSPITAL - ROLAND WAY	94945	110000375	Single Facility		2,067
500967	OAK VALLEY DISTRICT HOSPITAL (2-RH)	95361	30000069	Consolidated	2	2,741
334457	OASIS PSYCHIATRIC HEALTH FACILITY	92201	MH2016032	Single Facility		670
430837	O'CONNOR HOSPITAL - SAN JOSE	95128	70000072	Single Facility		15,864
560501	OJAI VALLEY COMMUNITY HOSPITAL	93023	50000045	Consolidated	2	1,240
300225	ORANGE COAST MEMORIAL MEDICAL CENTER	92708	60000066	Single Facility		11,749
040937	OROVILLE HOSPITAL	95966	230000022	Single Facility		8,841
190581	ORTHOPAEDIC HOSPITAL	90007	930000116	Single Facility		1,509
190307	PACIFIC ALLIANCE MEDICAL CENTER, INC.	90012	930000054	Single Facility		7,976
190587	PACIFIC HOSPITAL OF LONG BEACH	90806	930000117	Consolidated	2	8,157
560838	PACIFIC SHORES HOSPITAL	93030	50000231	Single Facility		307
190696	PACIFICA HOSPITAL OF THE VALLEY	91352	930000148	Single Facility		6,793
491338	PALM DRIVE HOSPITAL	95472	110000091	Single Facility		1,119
331288	PALO VERDE HOSPITAL	92225	250000184	Single Facility		1,300
370755	PALOMAR MEDICAL CENTER	92025	80000083	Consolidated	2	25,578
370759	PARADISE VALLEY HOSPITAL	91950	90000086	Consolidated	2	14,939
331293	PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER	92503	250000186	Single Facility		9,170



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454013	PATIENTS' HOSPITAL OF REDDING	96001	230000195	Single Facility		411
410852	PENINSULA MEDICAL CENTER	94010	220000037	Consolidated	3	18,477
491001	PETALUMA VALLEY HOSPITAL	94954	110000001	Single Facility		4,105
130760	PIONEERS MEMORIAL HOSPITAL	92227	900000087	Single Facility		6,897
301297	PLACENTIA LINDA HOSPITAL	92670	60000157	Single Facility		4,737
320986	PLUMAS DISTRICT HOSPITAL	95971	230000030	Single Facility		678
370977	POMERADO HOSPITAL	92064	80000127	Single Facility		8,316
190630	POMONA VALLEY HOSPITAL MEDICAL CENTER	91767	930000128	Single Facility		27,054
190631	PRESBYTERIAN INTERCOMMUNITY HOSPITAL	90602	930000129	Single Facility		20,725
190468	PROMISE HOSPITAL OF EAST LOS ANGELES	90033	930000088	Single Facility		124
190385	PROVIDENCE HOLY CROSS MEDICAL CENTER	91345	930000404	Single Facility		16,778
190758	PROVIDENCE SAINT JOSEPH MEDICAL CENTER	91505	930000159	Single Facility		22,468
190382	QUEEN OF ANGELS/HOLLYWOOD PRESBYTERIAN MED	90027	930000067	Single Facility		19,158
281047	QUEEN OF THE VALLEY HOSPITAL - NAPA	94558	110000060	Single Facility		8,820
171049	REDBUD COMMUNITY HOSPITAL	95422	110000174	Single Facility		1,987
361308	REDLANDS COMMUNITY HOSPITAL	92373	240000191	Single Facility		15,320
121051	REDWOOD MEMORIAL HOSPITAL	95540	110000173	Single Facility		2,116
430705	REGIONAL MEDICAL OF SAN JOSE	95116	700000005	Single Facility		11,968
424047	REHABILITATION INSTITUTE AT SANTA BARBARA	93105	50000108	Single Facility		749
580996	RIDEOUT MEMORIAL HOSPITAL	95901	230000126	Parent Facility		6,571
150782	RIDGECREST REGIONAL HOSPITAL	93555	120000186	Single Facility		2,984
331226	RIVERSIDE CENTER FOR BEHAVIORAL MEDICINE	92506	250000476	Single Facility		1,056
331312	RIVERSIDE COMMUNITY HOSPITAL	92501	250000194	Single Facility		20,031
334487	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	92555	250000195	Consolidated	2	21,404
190366	ROBERT F. KENNEDY MEDICAL CENTER	90250	930000065	Single Facility		6,467
344011	SACRAMENTO COUNTY MENTAL HEALTH TREATMENT	95817	MH1082011	Single Facility		2,701
301317	SADDLEBACK MEMORIAL MEDICAL CENTER	92653	60000166	Single Facility		19,280
270875	SALINAS VALLEY MEMORIAL HOSPITAL	93901	700000083	Single Facility		14,755
361318	SAN ANTONIO COMMUNITY HOSPITAL	91786	240000196	Single Facility		16,384
301325	SAN CLEMENTE HOSPITAL AND MEDICAL CENTER	92673	60000167	Single Facility		3,161
374055	SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL	92110	900000092	Consolidated	2	1,083
374084	SAN DIEGO HOSPICE AND PALLIATIVE CARE-ACUTE CA	92103	80000392	Single Facility		925
190673	SAN DIMAS COMMUNITY HOSPITAL	91773	930000139	Single Facility		4,729
380939	SAN FRANCISCO GENERAL HOSPITAL	94110	220000063	Single Facility		18,305
190200	SAN GABRIEL VALLEY MEDICAL CENTER	91776	930000041	Single Facility		11,019
331326	SAN GORGONIO MEMORIAL HOSPITAL	92220	250000199	Single Facility		4,249
150788	SAN JOAQUIN COMMUNITY HOSPITAL	93301	120000187	Single Facility		10,807
394003	SAN JOAQUIN COUNTY P.H.F.	95202	MH1040012	Single Facility		1,386
391010	SAN JOAQUIN GENERAL HOSPITAL	95231	300000087	Single Facility		11,610
104023	SAN JOAQUIN VALLEY REHABILITATION HOSPITAL	93720	40000280	Single Facility		1,064
430879	SAN JOSE MEDICAL CENTER	95112	700000084	Single Facility		6,185
013619	SAN LEANDRO HOSPITAL	94578	140000030	Satellite Facility		5,935
404046	SAN LUIS OBISPO CO PSYCHIATRIC HEALTH FACILITY	93401	MH2016035	Single Facility		1,061
410782	SAN MATEO MEDICAL CENTER	94403	220000015	Parent Facility		3,582
410752	SAN MATEO MEDICAL CENTER LONG TERM CARE SERV	94402	220000015	Satellite Facility		385
074017	SAN RAMON REGIONAL MEDICAL CENTER	94583	140000345	Consolidated	2	5,966
190681	SAN VICENTE HOSPITAL	90036	930000143	Single Facility		118
420514	SANTA BARBARA COTTAGE HOSPITAL	93105	50000140	Single Facility		20,881
424002	SANTA BARBARA COUNTY P.H.F.	93110	MH1016014	Single Facility		411
430883	SANTA CLARA VALLEY MEDICAL CENTER	95128	700000085	Single Facility		28,235
190687	SANTA MONICA - UCLA MEDICAL CENTER	90404	930000146	Single Facility		11,719
491064	SANTA ROSA MEMORIAL HOSPITAL-MONTGOMERY	95405	140000648	Consolidated	3	15,612
190691	SANTA TERESITA HOSPITAL	91010	930000147	Single Facility		181
420522	SANTA YNEZ VALLEY COTTAGE HOSPITAL	93463	500000057	Single Facility		298
371256	SCRIPPS GREEN HOSPITAL	92037	80000139	Single Facility		9,833
371394	SCRIPPS MEMORIAL HOSPITAL - ENCINITAS	92024	80000148	Single Facility		8,661
370771	SCRIPPS MEMORIAL HOSPITAL - LA JOLLA	92037	800000050	Single Facility		22,257
370744	SCRIPPS MERCY HOSPITAL	92103	900000074	Parent Facility		22,587

**APPENDIX F**  
2004 Hospital Listing

See footnotes on last page

OSHPD ID Number	Parent Facility Name	Zip Code	DHS/DMH* License Number	Level of Data Aggregation**	Number of Consolidated Locations***	Total Discharges
370658	SCRIPPS MERCY HOSPITAL - CHULA VISTA	91910	90000074	Satellite Facility		11,388
100793	SELMA COMMUNITY HOSPITAL	93662	40000146	Single Facility		3,962
124004	SEMPERVIRENS P.H.F.	95501	MH1016003	Single Facility		424
321016	SENECA HEALTHCARE DISTRICT	96020	230000032	Single Facility		349
410891	SEQUOIA HOSPITAL	94062	220000045	Single Facility		9,939
410817	SETON MEDICAL CENTER	94015	220000026	Single Facility		10,322
410828	SETON MEDICAL CENTER - COASTSIDE	94038	220000200	Single Facility		117
370693	SHARP CABRILLO HOSPITAL	92110	800000039	Satellite Facility		995
370875	SHARP CHULA VISTA MEDICAL CENTER	91911	900000008	Single Facility		15,873
370689	SHARP CORONADO HOSPITAL AND HEALTHCARE CENT	92118	900000036	Consolidated	2	2,244
370695	SHARP MARY BIRCH HOSPITAL FOR WOMEN	92123	800000615	Single Facility		17,288
370694	SHARP MEMORIAL HOSPITAL	92123	800000039	Parent Facility		17,751
370745	SHARP MEMORIAL HOSPITAL D/P APH	92123	800000039	Satellite Facility		5,450
374049	SHARP VISTA PACIFICA	92111	800000319	Single Facility		242
451019	SHASTA COUNTY P H F	96001	MH1015017	Single Facility		417
450940	SHASTA REGIONAL MEDICAL CENTER	96001	230000023	Single Facility		6,938
190708	SHERMAN OAKS HOSPITAL AND HEALTH CENTER	91403	930000149	Single Facility		5,046
190712	SHRINERS HOSPITAL FOR CHILDREN - L.A.	90020	930000150	Single Facility		1,371
344114	SHRINERS HOSPITALS FOR CHILDREN NORTHERN CAL	95817	300000620	Single Facility		1,178
100797	SIERRA KINGS DISTRICT HOSPITAL	93654	40000149	Single Facility		3,789
291023	SIERRA NEVADA MEMORIAL HOSPITAL	95945	230000152	Single Facility		7,404
540798	SIERRA VIEW DISTRICT HOSPITAL	93257	120000584	Single Facility		9,622
342392	SIERRA VISTA HOSPITAL	95823	300000290	Single Facility		2,770
400524	SIERRA VISTA REGIONAL MEDICAL CENTER	93405	500000059	Single Facility		7,558
560525	SIMI VALLEY HOSPITAL AND HEALTH CARE SVCS-SYCA	93065	500000216	Consolidated	2	6,858
491076	SONOMA VALLEY HOSPITAL	95476	110000072	Single Facility		2,234
551034	SONORA REGIONAL MEDICAL CENTER - FOREST	95370	300000094	Consolidated	4	4,610
301337	SOUTH COAST MEDICAL CENTER	92677	60000171	Single Facility		5,732
141338	SOUTHERN INYO HOSPITAL	93545	240000205	Single Facility		122
334068	SOUTHWEST HEALTHCARE SYSTEM-MURRIETA	92362	250000262	Consolidated	2	19,607
100899	ST. AGNES MEDICAL CENTER	93710	40000173	Single Facility		25,337
361339	ST. BERNARDINE MEDICAL CENTER	92404	240000206	Single Facility		18,928
394009	ST. DOMINIC'S HOSPITAL	95336	300000393	Single Facility		2,110
521041	ST. ELIZABETH COMMUNITY HOSPITAL	96080	230000036	Single Facility		4,514
190754	ST. FRANCIS MEDICAL CENTER	90262	930000157	Single Facility		26,112
380960	ST. FRANCIS MEMORIAL HOSPITAL	94109	220000069	Single Facility		6,740
281078	ST. HELENA HOSPITAL	94576	110000073	Single Facility		5,097
481015	ST. HELENA HOSPITAL CENTER FOR BEHAVIORAL HEA	94590	110000042	Single Facility		2,216
190756	ST. JOHN'S HOSPITAL AND HEALTH CENTER	90404	930000158	Single Facility		14,166
560508	ST. JOHN'S PLEASANT VALLEY HOSPITAL	93010	500000048	Single Facility		4,602
560529	ST. JOHN'S REGIONAL MEDICAL CENTER	93030	500000064	Single Facility		14,818
121080	ST. JOSEPH HOSPITAL - EUREKA	95501	110000075	Consolidated	2	7,075
301340	ST. JOSEPH HOSPITAL - ORANGE	92868	60000172	Single Facility		26,414
392232	ST. JOSEPH'S BEHAVIORAL HEALTH CENTER	95204	300000367	Single Facility		1,549
391042	ST. JOSEPH'S MEDICAL CENTER OF STOCKTON	95204	300000284	Single Facility		19,352
301342	ST. JUDE MEDICAL CENTER	92635	60000173	Single Facility		17,185
434138	ST. LOUISE REGIONAL HOSPITAL - GILROY	95020	700000266	Single Facility		4,239
380964	ST. LUKE'S HOSPITAL	94110	220000070	Single Facility		7,099
190053	ST. MARY MEDICAL CENTER	90813	930000012	Single Facility		13,914
361343	ST. MARY REGIONAL MEDICAL CENTER	92307	240000207	Single Facility		13,779
380965	ST. MARY'S MEDICAL CENTER, SAN FRANCISCO	94117	220000071	Single Facility		7,545
010967	ST. ROSE HOSPITAL	94545	140000107	Single Facility		8,709
190762	ST. VINCENT MEDICAL CENTER	90057	930000161	Single Facility		10,681
430905	STANFORD HOSPITAL	94305	700000662	Single Facility		21,296
501016	STANISLAUS BEHAVIORAL HEALTH CENTER	95355	300000026	Satellite Facility		3,959
504038	STANISLAUS SURGICAL HOSPITAL	95355	300000695	Single Facility		1,307
194967	STAR VIEW ADOLESCENT - P H F	90505	MH2016029	Single Facility		115
190599	SUBURBAN MEDICAL CENTER	90723	930000121	Single Facility		8,136

**APPENDIX F**  
2004 Hospital Listing

See footnotes on last page

OSHPD ID Number	Parent Facility Name	Zip Code	DHS/DMH* License Number	Level of Data Aggregation**	Number of Consolidated Locations***	Total Discharges
364121	SUN HEALTH ROBERT H. BALLARD REHABILITATION HC	92411	240000502	Single Facility		804
250955	SURPRISE VALLEY COMMUNITY HOSPITAL	96104	230000025	Single Facility		48
034002	SUTTER AMADOR HOSPITAL	95642	30000008	Single Facility		2,810
310791	SUTTER AUBURN FAITH HOSPITAL	95603	30000012	Single Facility		5,013
344017	SUTTER CENTER FOR PSYCHIATRY	95826	30000347	Single Facility		2,348
084001	SUTTER COAST HOSPITAL	95531	110000067	Single Facility		3,500
574010	SUTTER DAVIS HOSPITAL	95616	30000124	Single Facility		4,230
070934	SUTTER DELTA MEDICAL CENTER	94509	140000258	Single Facility		6,728
341051	SUTTER GENERAL HOSPITAL	95816	30000102	Consolidated	2	12,358
171395	SUTTER LAKESIDE HOSPITAL	95453	110000094	Single Facility		2,828
444012	SUTTER MATERNITY AND SURGERY CENTER OF SANTA	95065	70000399	Single Facility		2,757
490919	SUTTER MEDICAL CENTER OF SANTA ROSA	95404	110000005	Single Facility		9,178
341052	SUTTER MEMORIAL HOSPITAL	95819	30000102	Satellite Facility		23,041
311000	SUTTER ROSEVILLE MEDICAL CENTER	95661	30000083	Single Facility		16,197
481094	SUTTER SOLANO MEDICAL CENTER	94590	110000082	Single Facility		6,718
391056	SUTTER TRACY COMMUNITY HOSPITAL	95376	30000105	Single Facility		4,646
491103	SUTTER WARRACK HOSPITAL	95405	110000085	Single Facility		871
514001	SUTTER-YUBA PSYCHIATRIC HEALTH FACILITY	95991	MH1018015	Single Facility		415
291053	TAHOE FOREST HOSPITAL	96160	230000151	Single Facility		2,297
190782	TARZANA TREATMENT CENTER	91356	930000163	Single Facility		2,270
150808	TEHACHAPI HOSPITAL	93561	120000188	Single Facility		101
314029	TELECARE PLACER COUNTY PSYCHIATRIC HEALTH FA	95678	MH2016033	Single Facility		392
484028	TELECARE SOLANO PSYCHIATRIC HEALTH FACILITY	94533	MH2016026	Single Facility		625
190784	TEMPLE COMMUNITY HOSPITAL	90004	930000164	Single Facility		3,407
010782	THUNDER ROAD CHEMICAL DEPENDENCY RECOVERY	94609	140000272	Single Facility		267
191225	TOM REDGATE MEMORIAL RECOVERY CENTER	90813	930000272	Single Facility		915
190422	TORRANCE MEMORIAL MEDICAL CENTER	90505	930000076	Single Facility		26,568
370780	TRI-CITY MEDICAL CENTER	92056	800000099	Single Facility		19,896
190159	TRI-CITY REGIONAL MEDICAL CENTER	90716	930000030	Single Facility		2,526
531059	TRINITY HOSPITAL	96093	230000038	Single Facility		410
540816	TULARE DISTRICT HOSPITAL	93274	120000585	Single Facility		6,653
551061	TUOLUMNE GENERAL HOSPITAL	95370	30000107	Single Facility		1,794
301357	TUSTIN HOSPITAL MEDICAL CENTER	92680	60000178	Single Facility		2,248
400548	TWIN CITIES COMMUNITY HOSPITAL	93465	50000078	Single Facility		5,743
190796	UCLA MEDICAL CENTER	90095	930000165	Single Facility		28,078
190930	UCLA NEUROPSYCHIATRIC HOSPITAL	90024	930000204	Single Facility		2,347
381154	UCSF MEDICAL CENTER	94122	220000091	Consolidated	2	28,065
231396	UKIAH VALLEY MEDICAL CENTER/HOSPITAL DRIVE	95482	110000095	Single Facility		4,677
370787	UNIVERSITY COMMUNITY MEDICAL CENTER	92105	90000105	Single Facility		3,992
100822	UNIVERSITY MEDICAL CENTER	93702	40000096	Satellite Facility		9,235
341006	UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER	95817	30000086	Single Facility		28,882
301279	UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER	92668	60000148	Single Facility		18,817
370782	UNIVERSITY OF CALIF-SAN DIEGO MEDICAL CENTER	92103	90000101	Consolidated	3	23,895
191216	USC KENNETH NORRIS, JR. CANCER HOSPITAL	90033	930000267	Single Facility		2,498
194219	USC UNIVERSITY HOSPITAL	90033	930000459	Single Facility		8,434
010983	VALLEY MEMORIAL HOSPITAL - LIVERMORE	94550	140000114	Consolidated	2	9,049
332172	VALLEY PLAZA DOCTORS HOSPITAL	92571	250000234	Single Facility		929
190812	VALLEY PRESBYTERIAN HOSPITAL	91405	930000170	Single Facility		15,259
560481	VENTURA COUNTY MEDICAL CENTER	93003	50000032	Single Facility		11,779
190818	VERDUGO HILLS HOSPITAL	91208	930000173	Single Facility		7,238
361370	VICTOR VALLEY COMMUNITY HOSPITAL	92392	240000218	Single Facility		7,530
190049	VISTA SPECIALTY HOSPITAL OF SAN GABRIEL VALLEY	91706	930000390	Single Facility		93
010987	WASHINGTON HOSPITAL - FREMONT	94538	140000116	Single Facility		18,561
444013	WATSONVILLE COMMUNITY HOSPITAL	95076	70000097	Single Facility		7,519
301379	WEST ANAHEIM MEDICAL CENTER	92804	60000182	Single Facility		9,022
190859	WEST HILLS HOSPITAL AND MEDICAL CENTER	91307	930000189	Single Facility		9,205
301566	WESTERN MEDICAL CENTER - SANTA ANA	92705	60000188	Single Facility		16,624
301188	WESTERN MEDICAL CENTER HOSPITAL - ANAHEIM	92805	60000117	Single Facility		10,398

**APPENDIX F**  
2004 Hospital Listing

See footnotes on last page

OSHDP ID Number	Parent Facility Name	Zip Code	DHS/DMH* License Number	Level of Data Aggregation**	Number of Consolidated Locations***	Total Discharges
190878	WHITE MEMORIAL MEDICAL CENTER	90033	930000195	Single Facility		20,401
190883	WHITTIER HOSPITAL MEDICAL CENTER	90605	930000402	Single Facility		10,519
571086	WOODLAND MEMORIAL HOSPITAL	95695	30000115	Single Facility		4,305

\* Most health facilities in California are licensed by the California Department of Health Services (DHS). Also included in the OSHPD hospital database are Psychiatric Health Facilities (PHFs), licensed by the California Department of Mental Health.

\*\* "Consolidated" means the reported set of discharges is an aggregation from more than one location. "Single Facility," "Parent Facility," and "Satellite Facility" means that each set of discharges is location-specific; like all "Single Facilities," the listed Consolidated "Parents" and "Satellites" also reported their sets of discharges by specific location.

\*\*\* Since the mid-1980s, a licensed hospital can have an unlimited number of formerly free-standing licensed facilities included on one license. This allows sets of free-standing, licensed hospitals (and some nursing homes) to be merged onto a single hospital license, and is known as Consolidated Licensure. To qualify for Consolidated Licensure, the facilities must meet certain conditions, including being under common ownership, having common medical staff and being within 15 miles of each other. Consolidated hospitals can choose to report their discharges separately (by location), or in one set as a consolidated entity. Also, they can choose to un-consolidate to separately licensed facilities at any time.

To determine which formerly licensed facilities are included in these "Consolidated" sets of discharges, go to the OSHPD **ALIRTS** system on the internet: [www.alirts.oshpd.ca.gov](http://www.alirts.oshpd.ca.gov). Enter the DHS/DMH license number (or facility name or OSHPD ID #) in the search dialogue box and click "search." At the next screen, click on the "View License" text link in the far right column. The addresses, beds, and services for each location will be displayed.

## Page 1 of 2

***For use with discharges on 1/1/99 and after***

### 1. TYPE OF CARE

- 1a. HOSPITAL NUMBER

17. ABSTRACT RECORD NUMBER (Optional)2. DATE OF BIRTH

**20. PATIENT'S SOCIAL SECURITY NUMBER**

### 3. SEX

4. RACE:

## ETHNICITY

- RACE

5. ZIP CODE

6. ADMISSION DATE9. DISCHARGE DATE16. TOTAL CHARGES(Report whole dollars only, right justified)

## 7. SOURCE OF ADMISSION:

## SITE

- ## LICENSURE OF SITE

- ROUTE

8. TYPE OF ADMISSION

- 15. EXPECTED SOURCE OF PAYMENT:**

## PAYER CATEGORY

- TYPE OF COVERAGE

- NAME OF PLAN

(0001 - 9999 Plan Code Number)

**14. DISPOSITION OF PATIENT:**

- ## 21. PREHOSPITAL CARE AND RESUSCITATION

**E - CODES:**

## 18. PRINCIPAL

E				
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**APPENDIX H**  
Public 2004 Patient Discharge Data on CD-ROM

Field Label	Field Name	Recommended/ Required (in-bold) Field Format	Maximum Characters
OSHPD_ID	Hospital Identification Number (2 digit county, 4 digit unique)	Text	6
TYP_CARE	Type of Care (formerly Level of Care)	Text	1
AGE_YRS	Age in Years	Numeric	3
AGECAT20	Age Categories 20	Text	2
AGECAT5	Age Categories 5	Text	1
SEX	Sex	Text	1
ETHNCTY	Ethnicity	Text	1
RACE	Race	Text	1
PATZIP	Patient Zip Code	Text	5
PATCNTY	County of Patient's Residence	Text	2
LOS	Length of Stay	Numeric	5
ADM_QTR	Admission Quarter	Text	1
ADM_YR	Admission Year	Text	4
ADM_SRC	Source of Admission	Text	3
ADM_TYPE	Type of Admission	Text	1
DISP	Disposition of Patient	Text	2
DNR	Prehospital Care and Resuscitation (DNR)	Text	1
PAY_CAT	Expected Payer Source - Category	Text	2
PAY_TYPE	Expected Payer Source - Type of Coverage	Text	1
PAY_PLAN	Expected Payer Source - Payment Plan Code Number	Text	4
CHARGE	Total Charges	Numeric	7
ECODE_P	Principal E-Code - External Cause of Injury	<b>Text</b>	5
ECODE1	Other E-Code #1 - External Cause of Injury	<b>Text</b>	5
ECODE2	Other E-Code #2 - External Cause of Injury	<b>Text</b>	5
ECODE3	Other E-Code #3 - External Cause of Injury	<b>Text</b>	5
ECODE4	Other E-Code #4 - External Cause of Injury	<b>Text</b>	5
MDC	MDC (HCFA Major Diagnostic Category)	Text	2
DRG	DRG (HCFA Diagnosis Related Group)	Text	3
DIAG_P	Principal Diagnosis	<b>Text</b>	5
CPOA_P	Condition Present at Admission for Principal Diagnosis	Text	1
PROC_P	Principal Procedure	<b>Text</b>	4
PROC_PDY	Days From Admission to Principal Procedure	Numeric	4
ODIAG1 TO ODIAG 24	Other Diagnosis #1 through #24	<b>Text</b>	5
CPOA1 TO CPOA24	Condition Present at Admission for Other Diagnosis #1 through #24	Text	1
OPROC1 TO OPROC20	Other Procedure #1 through #20	<b>Text</b>	4
PROCDY1 TO PROCDY20	Days From Admission to Other Procedure #1 through #20	Numeric	4

**APPENDIX I**  
Masked Field Frequencies - 2004

Data Element Value	Full file	Public file	# Masked by code	% Masked
<b>Sex</b>				
* (Masked)	0	<b>722,389</b>		
1 - Male	1,621,820	1,278,203	343,617	21.2
2 - Female	2,335,540	1,957,004	378,536	16.2
3 - Other	96	15	81	84.4
4 - Unknown	184	29	155	84.2
0 - Invalid			0	-
Total	3,957,640	3,957,640	<b>722,389</b>	18.3
<b>Ethnicity</b>				
* (Masked)	0	<b>1,192,358</b>		
1 - Hispanic	1,126,842	800,839	326,003	28.9
2 - Non-Hispanic	2,769,927	1,949,585	820,342	29.6
3 - Unknown	60,871	14,858	46,013	75.6
0 - Invalid	0	0	0	-
Total	3,957,640	3,957,640	<b>1,192,358</b>	30.1
<b>Race</b>				
* (Masked)	0	<b>1,038,165</b>		
1 - White	2,786,246	2,194,744	591,502	21.2
2 - Black	327,197	198,723	128,474	39.3
3 - Native Am	15,986	4,478	11,508	72.0
4 - Asian	302,070	181,160	120,910	40.0
5 - Other	480,458	328,329	152,129	31.7
6 - Unknown	45,683	12,041	33,642	73.6
0 - Invalid	0	0	0	-
Total	3,957,640	3,957,640	<b>1,038,165</b>	26.2
<b>Patient County</b>				
* (Masked)	0	<b>256</b>		
CE	4,674	4,544	130	2.8
NE	3,207	3,137	70	2.2
NW	7,082	7,026	56	0.8
All others	3,942,677	3,942,677	0	0.0
Total	3,957,640	3,957,640	<b>256</b>	0.0
<b>Admit Quarter</b>				
* (Masked)	0	<b>136,289</b>		
1	1,005,067	972,695	32,372	3.2
2	970,474	938,484	31,990	3.3
3	995,743	962,761	32,982	3.3
4	986,356	947,411	38,945	3.9
Invalid	0	0	0	-
Total	3,957,640	3,957,640	<b>136,289</b>	3.4
<b>Agecat5</b>				
* (Masked)	0	<b>268,958</b>		
1	608,753	579,811	28,942	4.8
2	208,805	180,382	28,423	13.6
3	741,254	685,081	56,173	7.6
4	1,212,738	1,121,494	91,244	7.5
5	1,186,090	1,121,914	64,176	5.4
Total	3,957,640	3,957,640	<b>268,958</b>	6.8

Data Element Value	Full file	Public file	# Masked by code	% Masked
<b>Age in Years at Admisssion</b>				
Blank (Masked)	0	<b>1,831,752</b>		
0	608,753	500,554	108,199	17.8
1	24,149	9,963	14,186	58.7
2	14,382	4,680	9,702	67.5
3	10,980	3,107	7,873	71.7
4	9,342	2,522	6,820	73.0
5	8,548	2,204	6,344	74.2
6	7,983	2,082	5,901	73.9
7	7,351	1,793	5,558	75.6
8	7,244	1,704	5,540	76.5
9	7,134	1,541	5,593	78.4
10	7,545	1,820	5,725	75.9
11	8,133	1,998	6,135	75.4
12	9,036	2,162	6,874	76.1
13	10,733	2,547	8,186	76.3
14	13,780	3,392	10,388	75.4
15	16,845	4,501	12,344	73.3
16	20,855	6,338	14,517	69.6
17	24,765	8,774	15,991	64.6
18	30,362	13,015	17,347	57.1
19	35,270	16,424	18,846	53.4
20	38,006	18,406	19,600	51.6
21	40,194	19,582	20,612	51.3
22	42,424	20,933	21,491	50.7
23	43,162	21,207	21,955	50.9
24	43,909	21,448	22,461	51.2
25	43,683	20,942	22,741	52.1
26	44,629	21,324	23,305	52.2
27	46,120	22,085	24,035	52.1
28	46,606	21,989	24,617	52.8
29	47,214	22,491	24,723	52.4
30	47,170	21,895	25,275	53.6
31	47,415	21,749	25,666	54.1
32	47,595	21,694	25,901	54.4
33	48,766	22,088	26,678	54.7
34	48,729	21,815	26,914	55.2
35	46,237	20,127	26,110	56.5
36	42,221	17,026	25,195	59.7
37	40,234	15,739	24,495	60.9
38	39,004	14,841	24,163	62.0
39	39,887	15,112	24,775	62.1
40	39,537	14,693	24,844	62.8
41	38,974	14,642	24,332	62.4
42	38,949	14,446	24,503	62.9
43	39,196	14,842	24,354	62.1
44	39,130	14,646	24,484	62.6
45	39,235	14,798	24,437	62.3
46	40,075	15,539	24,536	61.2
47	41,087	16,102	24,985	60.8
48	41,502	16,522	24,980	60.2
49	41,529	16,430	25,099	60.4
50	42,462	17,216	25,246	59.5
51	41,515	16,658	24,857	59.9
52	41,205	16,822	24,383	59.2
53	40,938	16,632	24,306	59.4
54	40,469	16,638	23,831	58.9
55	41,662	17,433	24,229	58.2
56	41,950	17,631	24,319	58.0
57	44,342	19,371	24,971	56.3
58	37,805	15,666	22,139	58.6
59	37,754	15,528	22,226	58.9
60	39,971	17,228	22,743	56.9
61	41,521	18,420	23,101	55.6
62	38,638	17,203	21,435	55.5



**APPENDIX I**  
Masked Field Frequencies - 2004

Data Element Value	Full file	Public file	# Masked by code	% Masked	Data Element Value	Full file	Public file	# Masked by code	% Masked
<b>Agecat20</b>					63	37,890	16,261	21,629	57.1
* (Masked)	0	<b>530,285</b>			64	37,819	16,652	21,167	56.0
01	608,753	579,811	28,942	4.8	65	41,090	19,050	22,040	53.6
02	58,853	47,664	11,189	19.0	66	40,859	19,273	21,586	52.8
03	38,260	27,818	10,442	27.3	67	40,751	19,397	21,354	52.4
04	49,227	34,114	15,113	30.7	68	41,130	19,544	21,586	52.5
05	128,097	94,823	33,274	26.0	69	42,275	20,832	21,443	50.7
06	207,695	179,797	27,898	13.4	70	41,347	20,265	21,082	51.0
07	228,252	199,022	29,230	12.8	71	42,513	21,547	20,966	49.3
08	239,675	207,558	32,117	13.4	72	44,211	23,272	20,939	47.4
09	207,583	174,199	33,384	16.1	73	46,588	25,022	21,566	46.3
10	195,786	160,106	35,680	18.2	74	48,292	26,209	22,083	45.7
11	203,428	166,347	37,081	18.2	75	48,445	27,099	21,346	44.1
12	206,589	170,085	36,504	17.7	76	49,515	28,340	21,175	42.8
13	203,513	168,327	35,186	17.3	77	50,623	29,369	21,254	42.0
14	195,839	163,502	32,337	16.5	78	52,125	30,853	21,272	40.8
15	206,105	176,020	30,085	14.6	79	52,068	31,296	20,772	39.9
16	222,951	194,189	28,762	12.9	80	51,863	31,743	20,120	38.8
17	252,776	225,471	27,305	10.8	81	50,972	31,254	19,718	38.7
18	244,860	220,858	24,002	9.8	82	49,938	30,851	19,087	38.2
19	259,398	237,644	21,754	8.4	83	48,076	30,042	18,034	37.5
Total	3,957,640	3,957,640	<b>530,285</b>	13.4	84	44,011	27,374	16,637	37.8
					85+	259,398	211,623	47,775	18.4
					Total	3,957,640	3,957,640	<b>1,831,752</b>	46.3